DOCUMENT RESUME

ED 263 484 CG 018 641

AUTHOR	Sharp, Peggy, Ed.; Turney, Michael, Ed.
TITLE	Children in Jeopardy. Proceedings of the Iowa Governor's Conference (Des Moines, Iowa, November 28, 1984).
INSTITUTION	Iowa Office of the Governor, Des Moines.
PUB DATE	28 Nov 84
NOTE	71p.
PUB TYPE	Collected Works - Conference Proceedings (021)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	*Child Abuse; Child Neglect; Children; *Drug Abuse; Intervention; *Nutrition; *Poverty; Prevention; *Problem Solving; Safety; *Sexual Abuse
IDENTIFIERS	Iowa

ABSTRACT

The conference proceedings in this document include edited transcripts of the plenary sessions and individual reports on each of the 10 workshops from Iowa's Children in Jeopardy Conference. The conference was held, not for professional children's services workers, but for people with civic commitment and the ability to involve themselves and others in solving local problems. Five major themes or types of threats that place Iowa children in jeopardy, and which served as focal points of the conference, are listed: (1) food, health, and nutrition; (2) public safety and abduction problems; (3) child abuse and sexual exploitation; (4) emotional, psychological, and financial impacts of poverty; and (5) substance abuse. Workshop reports, which highlight the problems and present successful problem-solving strategies, are included from the 10 conference workshops, 2 workshops in each of the 5 areas. Reports are included from workshops dealing with problems in prenatal care, problems in infant and child care, kids in danger, safety programs that work, child abuse in Iowa, child abuse prevention in Iowa, emotional impacts of poverty on children, women and children in poverty, the substance abuser, and substance abuse. A brief statement of summary impressions and an appended list of conference participants concludes this report. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED263484

Children in Crisis

IOWA

GOVERNOR'S CONFERENCE

CG 018641

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Barbara Jackson

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

OFFICE OF THE GOVERNOR
STATE CAPITOL
DES MOINES, IOWA 50319
515 281-5211

TERRY E. BRANSTAD
GOVERNOR

December 13, 1984

Dear Parents and Concerned Citizens:

As the Governor of Iowa and a father of three children, I was gratified that so many people participated in our recent Children in Jeopardy Conference. This outpouring of interest clearly demonstrated that Iowans do care about children and are willing to get involved in helping them.

Panelists and presentors at the conference painted a grim picture of problems threatening our children. They also told of successful programs and projects here in Iowa and elsewhere that have worked to help protect children. Their message was clear: there are problems, but there are also proven strategies for alleviating them.

The enclosed proceedings contain a synopsis of the entire conference. If you attended, the reports may refresh your memory and fill you in about workshops you were unable to attend. If you did not attend, the proceedings will provide an overview of what was discussed. I hope you will find this information helpful to develop local strategies for your own community's efforts to protect its children.

My goal in convening the Children in Jeopardy Conference was to encourage public/private partnerships in communities all across Iowa aimed at reducing the threats that confront Iowa children. Reducing these threats is no easy task. It calls for concerted efforts from all Iowans, not just government action. It requires individual and community involvement and commitment.

Iowans have a long history of working together in community groups to solve problems. Our children need us to have that kind of cohesive spirit now. Let's not fail them. Join with me in a personal and public/private commitment to help Iowa's children in jeopardy.

Sincerely,

Terry E. Branstad

Terry E. Branstad
Governor

Proceedings of the
Iowa Governor's Conference

Children in Jeopardy

November 28, 1984
Drake University
Des Moines, Iowa

About the Children in Jeopardy Conference 3
Introduction to the Conference 5
Iowans Care About Children 7
Keynote Address 9
Workshop Reports
- **Problems in Prenatal Care** 16
- **Problems in Infant and Child Care** 20
- **Kids in Danger** 25
- **Safety Programs that Work** 30
- **Child Abuse in Iowa** 33
- **Child Abuse Prevention in Iowa** 37
- **Emotional Impacts of Poverty on Children** 41
- **Women and Children in Poverty** 45
- **The Substance Abuser** 49
- **Substance Abuse** 52

Summary Impressions 55
Appendix - Participants 57

About the Children in Jeopardy Conference

The impact of the Governor's Conference on Children in Jeopardy was intended to reach beyond any one day and location. Governor Terry Branstad's goal was to spark Iowans' interest in building public/private partnerships that promote the safety and well-being of children at the local level.

The conference itself was a public/private partnership, planned and organized by a steering committee representing 25 government agencies, private businesses, and civic organizations. A dozen businesses and groups underwrote the cost of the conference. Some steering committee members were program experts who deal daily with children's problems. Others had little or no experience with children's services, only a commitment to helping. They included organizational planners, educators, communicators, and executives.

Five major themes or types of threat that place Iowa children in jeopardy were identified as focal points of the conference. They were:

- Food, Health & Nutrition Problems;
- Public Safety Problems, including the possibility of abduction;
- Child Abuse, including sexual exploitation;
- Emotional, Psychological and Financial Impacts of Poverty; and
- Substance Abuse, including children who are substance abusers themselves and those who are victims of substance abusers.

Two workshops focused on each topic. To point the way to solutions not just highlight problems, at least half of every workshop presented successful problem-solving strategies. In the case of child abuse, an entire workshop wad devoted to showcasing local child abuse prevention programs that have been successful in Iowa. The presenters and panelists represented a cross-section of Iowa and national expertise.

Invitees were people with experience in getting things done in their communities. The conference was not intended for professional children's services workers to get together and compare notes with one another. It was to involve people who are not necessarily involved in children's services, but who had the civic commitment and ability to involve themselves and others in solving local problems. Many were civic leaders. Some were elected public officials. Some were involved in human services. Many were business executives, including chief executive officers of Iowa's largest corporations. Others were editors or publishers of Iowa newspapers or public service directors of Iowa broadcast stations.

More than 450 Iowans participated in the conference at Drake University. Hundreds of others throughout Iowa watched Heritage Cablevision's live broadcast of the conference on the Iowa Cable Network.

These proceedings include edited transcripts of the plenary sessions and individual reports on each of the ten workshops. The appendix includes names and mailing addresses of all participants. If you need additional proceedings or information about the conference, contact Barbara Jackson, Iowa Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319.

Introduction to the Conference

James P. Gannon, Editor, Des Moines Register

We Iowans are family people. The demographic statistics about us show that we are people who marry, buy homes, raise children, and work hard to educate them and pass along a shared set of values. Altogether we are raising more than 800,000 children. Most are happy, healthy, stable kids with bright prospects for a good future, but not all of them. Some are children in jeopardy.

In recent months and years it seems that dangers to our children's well-being have grown in the complex and confusing society in which we live. It is a concern for our children and a recognition of these growing hazards that cause us to examine the problems and consider solutions.

We have been shaken by the headlines and the horror stories of our time. When young newspaper boys disappear from our streets, when day care centers and even state institutions appear to be centers of child abuse, when young lives are wasted in the tragedy of drug or alcohol abuse, we begin to ask ourselves what is going wrong. What is happening in our society that makes it more threatening to our most vulnerable members, the children?

While we ponder these dramatic events in the news, other less visible threats are placing additional children in jeopardy. The grinding impact of poverty, the growing phenomenon of one-parent households, and the problems of inadequate nutrition and child care are threats to more and more of Iowa's children.

It is a measure of the Iowa spirit that we will not watch these things happen and accept them as inevitable. The problems must be squarely faced, and the will and the resource marshalled to meet with them. Iowa's problems are not so large, nor Iowa's will to solve them so weak, that the problems of the hungry child, the abused child, the child in poverty, and the child in addiction cannot be tackled head-on.

It is in that spirit, that something can be done and must be done, that we have convened this conference. In this town meeting of leaders, we have people who can make things happen. It is up to us to make them happen.

We are fortunate and privileged to have as our chief sponsor in this enterprise the Governor of Iowa. In calling this conference, the Governor has given a clear signal of the high priority he intends to place on making Iowa a better place for our children. There is no more worthy goal of political leadership nor one more likely to enlist the support of the entire family of Iowans.

Iowans Care About Children

The Honorable Terry E. Branstad
Governor of Iowa

The turnout for this conference indicates how much Iowans really do care and how interested they are in the future and the well-being of our children.

One of the recent tragedies of our modern, civilized and sophisticated society is that thousands of children in our state live in jeopardy every day. Johnny Gosch has been missing for over two years, and Eugene Martin has now been missing for over three months. Despite thousands of hours devoted to these cases by law enforcement professionals, private investigators and volunteers there has not been a major breakthrough.

Children today face significant dangers. On Halloween night in a neighboring state two young girls were kidnapped, sexually abused and murdered. In the last three years in our own state of Iowa, sexual abuse of children has increased 100 percent. Substance abuse has become a national tragedy, and it is becoming an epidemic among our youth, even in states like Iowa. Too many children are the victims of poverty, poor nutrition and neglect. Even before birth, babies can be victims of inadequate or improper nutrition, excessive smoking, substance abuse or venereal disease. A real tragedy of our time is a child born with herpes or a child born retarded when that mental retardation could have been prevented. And, many of us are concerned about the destruction of millions of unborn children each year by abortion.

We Iowans are caring and compassionate people. Our challenge is to learn all we can about these important problems facing our children and to examine ways we can become part of the solution to these problems.

I am pleased to be working with John Walsh of the National Center for Missing and Exploited Children, and I intend to make improved safety and security, especially for our children, a high priority. I am also pleased that the Legislature has shown an interest in this topic with the appointment of an interim committee. I am very hopeful that meaningful changes will be made in our state laws over the next year to provide a safer and more secure environment and improved protection for the children in our state.

I know the public sector can't handle the problem alone. We need the active participation of the private sector, the concerned citizens, industries and businesses of our state. By joining hands, we can maximize our resources. Together we can analyze the problems of our children in jeopardy and develop strategies to successfully address them.

I am vitally interested in having this conference contribute to the well-being of my children, your children, and our grandchildren. Together we have an opportunity to make a giant step forward for the safety and well-being of the children in Iowa. I can't think of any mission that is more important.

Keynote Address

Peter B. Edelman, Esq., Professor,
Georgetown University Law Center

This conference on children in jeopardy is a meeting which in and of itself is very significant. If we had this kind of concern about children everywhere around the country, I think we would be doing a lot better in our public policy and all our efforts on behalf of children.

You have rightly recognized, to paraphrase Abraham Lincoln, that all of the children need help from the community some of the time, and some of the children need help and protection all of the time. One of the first steps in obtaining the help that each child needs is to see that children do face some risks. The horrors of random violence can strike anywhere. Child abuse and sexual exploitation are not bounded by lines of class or income. Missing children do not only come from poor neighborhoods. Drug and alcohol abuse is prevalent in the most affluent families. Suicide is not especially associated with poverty.

The community has a responsibility to protect children in all of these areas and to help families do a better job when that's part of what is needed. Note that I say community, not government. Government, mostly local and state, sometimes federal, is part of the overall community and has a role to play, but so do businesses, churches, trade unions, non-profit service agencies, and a wide array of membership organizations. Community is a key word in responding to children in jeopardy.

Responsibility is not an idea that applies only to people whom we elect to public office. The scope of the list of those sponsoring this conference says to me that you in Iowa share this view. Moreover, I am convinced that when people truly understand families of all income levels sometimes need help from outside the household to deal with their own children, then people will be ready to understand that some children need more help. That's why I think your focus on all children in jeopardy is just right.

I want to talk mainly about children who have greater needs, about the part of your agenda that concerns children in poverty. I think we all know that children are the poorest Americans. More than one in seven Americans are poor. More than one in five children are. When six million or more people became poor in this country in the last four years, three and a half million of them were children. There are nearly fourteen million poor children in this country. In Iowa you have a slightly lower poverty rate, 10.1 percent or about one in ten people in 1980. It has gone up some since. It means you do have poverty and therefore poor children in your midst.

The question being asked, implicitly if not explicitly, is why should we do anything special or out of the ordinary about poverty and about children in poverty. It is said, or implied that: we have schools; we have jobs when people get out of school; there are laws against discrimination; if people

can't make it with what is offered to them, it's their own fault; social programs don't work; and welfare just makes people dependent. We hear that, or it's there between the lines.

Those who work at delivering services to children know those statements are not true. Efforts on behalf of children's services and programs do help and do pay off. But, there is a new assault on the poor developing in this country.

A man named Charles Murray has just written a book called "Losing Ground" which "proves," and I put that word very much in quotation marks, that welfare causes poverty and more welfare causes more poverty. I call this a new assault, but it's really a new wave of an old assault. Mr. Murray is simply the latest in a long line of people who say the poor will always be with us, so it isn't worth doing anything. I suggest he is wrong: wrong on his facts, and therefore wrong on his conclusions.

Programs on behalf of children do work. This is not the 1960s when we were charting uncharted ground and going on the basis of just thinking these things might help. Headstart works. It is cost-effective. The recent massive Ypsilanti study, a 20-year longitudinal study, shows absolutely spectacular results in long-term outcome whether the measure be jobs, reduced welfare, reduced crime, reduced incarceration or reduced teenage pregnancy. Yet, Headstart reaches only 18 percent of those who are eligible for it. That 18 percent is less than one in five.

Prenatal care works. Study after study shows savings of $5 - $10 in later cost for every dollar spent on prenatal care and primary care for infants and small children. Still there are millions in this country who have no health coverage at all. Here in Iowa Medicaid covers only 37 percent of those who live below the poverty line.

Chapter One, the federal program of compensatory education for disadvantaged children, works. Through social science evaluation data and careful study we know this. Children in the program in the first through third grade gain 10 to 15 percent more in reading than children who were not in the program. Yet, less than half the children who are eligible for this help get it.

If there are initiatives in programs for children that do work and are cost beneficial, is there any further statement that needs to be made as to why we should invest in them? It is in our national self-interest to invest in our children. Our children are our human resources. They are our future. It is not a matter of a handout or a moral obligation, although indeed there may be a moral obligation, but it is in our national self-interest. I am personally glad to see the nation's Catholic bishops beginning to raise the issue of economic justice in the draft pastoral letter they recently released, but we also have to understand that an effort to bring children out of poverty is in our own self-interest.

We're going to face a time in the early part of the next century when the number of people working and available to pay for the Social Security for all of us who are then going to be retired will be greatly diminished. If we have a large number of people who should be working and are not, people who are not contributing to our Social Security system, that affects all of us.

It is in our self-interest to insure that does not happen. The research director of the Racine, Wisconsin Public Schools put that Social Security example in very concrete terms. He said, "Would you be willing to tie yourself and your own Social Security to any two young people randomly picked from around the country? You would want to be very sure that those two young people were adequately trained, educated and got jobs, if your future security were tied to theirs." That was a pretty good way to put the point.

There is something else in terms of sheer demographics that we face and perhaps haven't thought about sufficiently. In the course of this decade we have fewer young people coming into the labor force. We have an increasing number of minority young people, and minority young people disproportionately suffer unemployment, lack of skills, and inability to find jobs. It is quite possible later in this decade there will be firms which will leave this country saying they cannot find enough skilled people to hold jobs, while we have a reserve army of unemployed on our streets begging for work. That would be intolerable, but it is possible.

Finally, to talk about our national self-interest in the prevention of poverty, let me talk about teenage pregnancy which has become such a serious problem in communities around the country. Why are so many young women having babies? Why are so many young couples conceiving children? I would suggest one reason it is happening is that it is the only thing available. There are not opportunities; there is no hope. In any case, when a child is born, why does a family not form? I suggest that it sometimes occurs because the young woman does not want to have around the house a young man who cannot find a job, or because the young man does not want to face the situation where he cannot provide the support that is necessary. So a family does not form, and we begin to enter another cycle of welfare. This is serious; it is very important. I suggest, it is in our national self-interest to provide the kind of economic opportunity that would be one major factor in preventing the continuance of this way of reacting to teenage pregnancy.

This last point about welfare raises an issue where Mr. Murray has the beginning of a right idea. We have had too much welfare. I say it relatively speaking. People who are in need need help. If all we can make available are cash transfer programs, we have to do it. But, ever since World War II, we have not made a similar effort, a commensurate effort, in the areas of employment, training and job opportunities. The consequence of that is that when young people who have grown up in poverty (disproportionately minority people) come to the point where no job is available and no sufficient training is available, the only form of available assistance has been welfare. Lest I be misunderstood, two-thirds of the welfare roles turn over every year, and only one in five welfare recipients are long-term dependents on welfare. Nonetheless I am convinced that if there had been more emphasis on jobs training and placement and on ending discrimination in 1950, in 1960, and in 1970, we would not be in the situation we are in right now.

The numbers that underscore the situation we are in are staggering. Unemployment of white teenagers 16 through 19 years old is 16.1 percent. For black teenagers it is 40.2 percent. Labor force participation figures are even more revealing. 47.4 percent of white teens are working because most are in school. 35.9 percent of Hispanic teens are working; and 24.4 percent, fewer than one in four, of black teens are working. Indeed fewer than one in ten black teens have full-time jobs. Those numbers are shocking and represent

a situation of inadequate opportunity and discrimination in the labor market that is unacceptable.

I have suggested we rely too heavily on welfare, but my saying there is too much welfare is very different from Mr. Murray. We do need income maintenance for families that are left behind. We especially need to pay attention to people who are poor, who have jobs, and who are working as hard as they possibly can. Half the poor households in this country are headed by somebody who is working and can't bring in enough income to raise the family over the poverty line. If you work for the minimum wage and are the only wage earner in the family, you bring in about $7,000. The poverty line for a family of four is now over $10,000. We must pay attention to the working poor.

This area of income maintenance is one where I can't prove cost-effectiveness the way I can prove the cost-effectiveness of Headstart or prenatal care or compensatory education. Jobs are better. People want to work. Jobs and training are better, but income is essential to family support though we should understand that welfare is not attractive to its recipients. Welfare is seldom more rewarding than work, and it is becoming less and less helpful.

Do you know welfare is not indexed? Social Security payments are and should be. Nationally, welfare recipients have actually lost 36 percent in real income, in the real value of their welfare payments, between 1970 and 1983. Let me tell you your numbers in Iowa, and I'm not picking on Iowa, because you are typical of the country. In fact, you are just about right in the middle. In July 1970 you were paying $243 maximum benefit for a family of four on AFDC; in September 1983, $419. That 72 percent increase in cash terms sounds good, but it was really a 33 percent decrease in constant dollars. That is a little bit better than the national average of 36 percent decrease. There are only three states in the country that have held their own or increased their payments in real terms.

If welfare is exacerbating poverty, it isn't because there is too much of it. $419 for a family of four is about half of the poverty line. Food stamps do help. They add another $105 or so to the $419, but that's not enough. If you take food stamps into account it is still a 22 percent drop in real income. In 1970 the median state brought families to 70 percent of the poverty line. In, 1983, the AFDC median state brought families to 48 percent of the poverty line. That is not satisfactory in my judgment. It is certainly not appropriate for those who would assault the poor to say that welfare is the cause of the problem.

My whole point is that we have had too much emphasis on welfare. We need to be talking about jobs and training. We need an overall strategy that we really haven't had.

The key word is economic growth. You certainly know that here in Iowa. The great recovery has not reached Iowa as much as it has some other places in America. So people who would advocate on behalf of the poor and who would work for the poor need to learn some economics. They need to understand about the deficits and the trouble they cause, about what happens to interest rates if we have deficits of that kind, and about what that means for the potential economic growth. If you are going to deal with poverty, the first thing you

better do is have the maximum number of jobs that are possible and distribute those jobs fairly among everyone.

Now we turn to investing in people. Prevention is the keyword. Start at the beginning. Prenatal care has demonstrated outcome. Headstart has demonstrated outcome. Of course we have to deal with the problems when they appear, with child abuse, with teenagers in trouble, and with families in trouble. We have to deliver the services when those problems appear, but we are missing the boat and missing the point if we don't have a basic preventive strategy and begin at the beginning.

We do have at the present time around the country a very constructive movement for excellence in our schools. This has enormous potential for our children, for producing young people who are not only better citizens but more productive workers in our economy as it competes in world markets. It is appropriate to raise academic standards and end social promotion and to have greater emphasis on mathematics, science and foreign languages. We also have to invest in assuring every child an equal chance in our schools. In the state of South Carolina recently a major educational reform package was passed. It was a great achievement, $215 million a year of new funds for the schools and more important than the money, the raising of standards. $60 million a year of the $215 million will be spent on remediation, making sure that those young people who are behind in their acquisition skills will have a fair chance to catch up so they can meet the new exit standards that have been developed.

We must be sure, even as we applaud, that the new movement for excellence is not a code word for pushing out some students who are not wanted. We need to turn out healthy, prepared graduates, and we need to turn out as many as we possibly can. What about those who fall into the cracks anyway? Our prevention strategy is going to leave some young people still not having made it.

Job strategy comes in here for those who need extra help identifying youngsters at risk when they are in the ninth and tenth grade. So does more investment in basic skills in our high schools. The Chapter One program is really an elementary education act, not an elementary and secondary education act. 90 percent of the funds are spent in eighth grade and below, so we need basic skills at the high school level. We need job readiness activities. We need a major effort to look at our vocational education programs which present serious problems in most states. We need day care for teenage mothers so they can get back into schools if they have had children. We need major efforts for services that help young people get into the job market.

Day care is a larger and extremely important issue, especially when both parents are working or when there is a single parent household and that parent is working. Women bear the brunt of this. It is women who are entering the labor force that we are talking about. It is women who end up being single parents. Even in two parent households, it's women who are implicitly held responsible to make the arrangements for child care, even to pay the cost of child care out of their paycheck.

Day care is called a women's issue, but it's not. It's a family issue. It is an issue that we all have to take responsibility for. It comes up because women have been entering the labor force. 48 percent of women in two parent households are now working. That's up from 30 percent in just 14

years. Half of the women in this country who have children under six are now working. Nearly 60 percent of those who have three to five year olds are working. 46.4 percent of those who have infants under one year are working. Since 1976 that is a 52 percent increase in the number of women with children under a year old who are working. Do they all want to be working? Not necessarily. There are economic requirements in families that make it necessary. Most of them have to be working.

There are two to seven million school age children who are alone at three o'clock every day. This is not an academic debate about the best form of parenting or about who should stay home with whom. Everybody needs to pay attention to it. There are six million employers in this country. Do you know how many of them provide some kind of child care on-site, off-site or even offer referral service? -- 1,500. There are 15,000 school systems in this country. Do you know how many of them provide pre-school morning care or after school care connected with the school system? -- Out of 15,000 school systems only 100.

We need to pay attention to this issue. There is a long agenda and most of it has to be carried out at the community level. There are some things that we need to do in looking at our tax code and in looking at support nationally, but there is a corporate agenda in terms of looking at parental leave. Maybe there is a trade union negotiating agenda there as well. There are the possibilities in terms of corporate on-site centers or off-site centers sponsored in some way as an employee benefit. Schools should begin looking at the issues in terms of before or after school care perhaps by contract or perhaps run by the schools.

There is a major issue about training child care workers. We do not do enough of it. The House Select Committee on Children, Youth and Families recently issued a report which said all states need to improve their procedures for preventing child abuse in day care centers. Nobody is doing enough.

How much federal role should there be in all of this? Some. There can be some valuable leadership and leverage. But, you know the real solutions are much more complex. They involve many more actors. They need great state and local initiative and involvement. The federal government can and should supply some of the money. For example, in education the federal government was supplying about 9 percent of the money in 1980. It's now down to 6 percent. Yet, we have had programs in that area that work.

The federal government can't mandate all that's needed. We need the people who are here. We need the churches. We need the business community, the unions, the public officials and the civic leaders. We need people at the community level who will take responsibility for all of our children. Responsibility is a key word, not just the responsibility of families for their own children, but the responsibility of all of us for all children.

We do need federal involvement as well. The federal government has played an equity role for 20 years or more, and it should keep on doing that. The local commitment is not there everywhere in this country, and we need to have federal help with that. I think nationally there is an agenda of holding the line over the course of the next year, but in later years, even in 1986,

there is going to be some opportunity for new initiatives. There are people in Congress and people like you all around the country who care about children.

We need new advocates locally, as well. We need new people to get involved at the community level. It's a lot more complicated than it was. You even have to understand the defense budgets if you want to get enough money for kids' programs. We need people who will become involved at the local level, the state level and nationally. The minority community needs to become much more programmatic in its advocacy. We need the Junior League. We need organizations of all different kinds and all different backgrounds to become involved about kids.

What can you as citizens do? First, you need to know the facts about what's going on in your own community. What services are there that are good and need some help? Which ones face money problems or problems that you could help with by volunteering? What services are not there that are needed?

Consider my suggestions about prevention and about an overall strategy and ask what you can do here in Des Moines or elsewhere in Iowa, as business people, civic leaders, or whatever your role is. What is going on in the schools? Look at your vocational education system. Look at the money being spent under the Job Training Partnership Act and see if it's reaching young people who should and could benefit. Is there an effort to help teenage mothers get back into school when they've had children?

The very fact this conference took place shows there is a lot more commitment and interest about children than we have ever had before. I think that's exciting and it's good, but we really have to face up to the reality, that we are at a time when we have choices to make as a country and as communities. We have very limited resources. You in Iowa know that as well as anyone. We have to make choices about how to do what is necessary, and whether we will do what's necessary. We have to make choices in the most fundamental ways about our future. I hope that's a process that will be aided by your coming together here.

There is a story that Fanny Lou Hamer, the black woman civil rights leader in Mississippi, used to tell. It's about a wise old man in a little Mississippi town and a young boy who thought he was a pretty smart fellow. The young boy thought he would trick the wise old man and said, "Old man, I have a bird in my hand and I want you to tell me whether it's alive or dead." The boy's thought was that if the old man told him the bird was alive, he would crush it, and if the old man told him the bird was dead, he would release it to fly away. Either way the old man would be wrong. The old man said, "It's in your hands."

Thank you very much.

Problems in Prenatal Care

Moderator:

Kay Myers
Iowa Nurses' Association

Panel Members:

Roy Pitkin, M.D.
Professor of
Obstetrics and Gynecology
University of Iowa

Pam Triolo, R.N., C.N.M.
University Hospital
University of Iowa

Michael Cerny, D.O.
Department of Obstetrics and Gynecology
University of Osteopathic Medicine and
Health Sciences

Pam Triolo emphasized that prenatal care is so important during the first trimester because it is then that abnormalities are most likely to occur. Nutrition of the mother over a lifetime is as important a factor as nutrition during the pregnancy. Maternal weight gain during pregnancy is correlated with birth weight. Inadequate maternal weight gain increases the mother's risk of delivering a low birth weight infant.

Smoking is one environmental hazard which can affect the outcome of pregnancy. Approximately 25 percent - 50 percent of American women smoke during pregnancy. A 1977 poll reported that over 70 percent of women under 35 years of age said their health care provider had never advised them of any adverse effects of smoking. Over 45 studies have repeatedly shown that infants of women who smoke weigh an average of 200 grams less than infants of women who don't smoke. These small babies have higher incidences of learning and behavioral disorders.

During pregnancy, expectant mothers should be cautioned to avoid agents known or expected to cause birth defects. In fact, it would be wise to adopt a lifestyle of avoiding over-the-counter drugs and recreational drugs because of the threat to the fetus during pregnancy. Results of one postpartum study showed that 90 percent of women took five or more drugs during pregnancy. A study of pregnant women in middle and upper income levels showed 10.3 drugs per woman were taken during pregnancy.

Fetal Alcoholism Syndrome is now considered to be the third most common cause of mental deficiency. Unfortunately, the problem of Fetal Alcohol Syndrome is not limited to the alcoholic woman. Studies have shown that the ingestion of even one ounce of alcohol per day has been associated with decreased birth weight. Some of the features associated with the Fetal Alcohol Syndrome are delayed psychomotor development, mental retardation, prenatal and postnatal growth retardation and microcephaly.

Triolo emphasized that good prenatal care starts with the optimal health of the mother before conception. This is the utopian goal we should be striving to reach. Education of families can assist in reaching the utopian

goal as well as assist in alleviating the environmental factors that affect the outcome of pregnancy.

Dr. Pitkin discussed the cost benefit of prenatal care and the system of maternity care in Iowa. The average cost of prenatal care is $120. Pitkin said prevention of reproductive damage in one case per 5,000 women receiving prenatal care is cost effective.

Iowa's three levels of primary, secondary, and tertiary care were described. In 1972, this system was formalized and there are now 12 secondary centers reflecting the population density of the state. Comparison of statistics from 1972 - 1982 demonstrate high risk mothers and infants are being referred to the secondary and tertiary care centers. This system of care has dramatically improved the outcome for both mother and baby.

Solutions/Strategies

Panel Members:

Josephine Gittler, J.D.
National Center
Maternal and Child Health

Laura Sands, R.D.
Women, Infants and Children Program
Department of Health

Rosemary Abbott, R.N.
Obstetrics and Gynecology
Mercy Hospital, Des Moines

Marilyn Russell, R.N.
Public Health Nursing Assoc.

Bernessa Brannon
A WIC Consumer

Laura Sands and Josephine Gittler did a joint presentation on what to do to improve prenatal care and nutrition services for low income families. Gittler said that the State of Iowa has a lot to be proud of, but that the picture is not entirely good. Two indicators, low birth weight and infant mortality, are most frequently used to assess how well a state is doing. In Iowa, we are doing a terrific job in comparison to other states. We are tied with two other states for the lowest of low birth weights for white infants. However, Iowa is tied with two other states for 21st in infant mortality.

In addition to low birth rates and infant mortality figures, Gittler said that experts are influenced by demographic characteristics such as trimester of entry into care and the number of prenatal visits. The minimum acceptable standard is six prenatal visits and entry into a system of care during the first trimester. In 1982 in Iowa, 3,000 women received less than six prenatal visits and 7,000 women entered prenatal care after the first trimester. Results of two studies done at the Univercity of Iowa indicated that 26.7 percent and 20.9 percent of all women in Iowa were not receiving adequate prenatal care.

Financial barriers to adequate care exist. We now have the Medically Needy Program in Iowa to help overcome financial barriers to adequate care. In Iowa, only 37 percent of all people at or below the poverty level are covered under the Medicaid Program compared to California with 80 percent.

Gittler feels it is essential for the Medically Needy Program to continue to help break down financial barriers, but this is not the whole answer. We could make Medicaid available to all low income women in Iowa and that still would not be the answer. They need comprehensive services (social services, nutrition, etc.) in addition to health care. Therefore, it is essential we have a good public health system in Iowa for low income women.

Programs in Iowa come from Title V block grant money. In 1981 that federal funding was cut by 18 percent. Most states supplement this federal money with state appropriations. A survey of 13 states taken after the federal cut indicated that Iowa was one of two states that did not add state funds.

Sands described the status of four food and nutrition programs: Women, Infant, and Children (WIC), Food Stamps, commodities, and Expanded Food and Nutrition Education Program (EFNEP), which serve women, infants and children. The four agencies which administer these programs are meeting to increase inter-agency coordination. The WIC program is currently serving only one-third of the income eligible population nationwide and in Iowa. One solution to this problem might be a state-funded contingency fund since federal regulations don't allow carry-over money and a state appropriation to supplement the federal grant.

In addition to obstacles mentioned concerning the food and nutrition programs, Sands discussed the limited availability of state services (16 counties by summer of 1985 will be without prenatal services), adolescent mothers who are less likely to receive early prenatal care which is adequate to meet their many needs, and the need for the strong local referral systems similar to ones currently being developed in Ottumwa and Sioux City.

Marilyn Russell emphasized that no one solution will solve all the prenatal problems we face. Everyone must work together.

If implemented, the following six recommendations would assist in decreasing the United States' and consequently Iowa's infant mortality rate and reduce the number of congenital and mental deficiencies:

-- Screen women in the first trimester for their nutritional habits, smoking, alcohol and drug intake. Give families appropriate information on the hazards and necessary nutrients, and initiate treatment referral.

-- Encourage women to lose weight and become a picture of optimum health prior to conceiving, rather than in the second trimester of pregnancy.

-- Require nurses and other health care providers to discuss and evaluate the psychological needs of families, and discuss with the family the developmental tasks of the family and preparation for parenthood.

-- Advise mothers that just because their past pregnancy was healthy, (and they drank or smoked) does not mean this pregnancy will be as fortunate.

-- Tell expectant mothers that the rule, "Baby will take what it needs from mom" no longer applies, particularly in the case of the smoking mom.

-- Focus on nurses' and other health care providers as examples to pregnant women since example is the second best teacher, next to experience.

To improve prenatal care for low income women in Iowa, the following steps were recommended:

-- Continue the Medically Needy Program to help break down financial barriers.

-- Ensure a good system of Public Health Services in Iowa.

-- Elicit public advocacy to obtain state funding for maternal child health programs to supplement Title V block grant money.

-- Initiate community-based networks of integrated services for mothers and children.

Three strategies for dealing with inadequate nutrition services for low income women were recommended:

-- Continue coordination efforts started among the state's four nutrition programs.

-- Increase the number of income eligible women and children who can participate in the WIC Program by obtaining a state contingency fund and seeking state appropriations to supplement the federal grant.

-- Increase funding to EFNEP so that more than 12 counties can be funded to assist families with food buying and preparation.

Reported by Kay Grother, Department of Health

Problems in Infant and Child Care

Moderator:

David Spreadbury, Ph.D.
Department of Nutrition
University of Osteopathic Medicine and Health Sciences

Panel Members:

Lloyd J. Filer, M.D.
Professor of Pediatrics
University of Iowa

Jackie Runyon, D.Sc.
Associate Professor
Food and Nutrition
Iowa State University

Dr. Runyon put nutrition in perspective as one of many factors to consider in health. She said we need to be aware of health limitations we can't change such as genes, enzymes, and hormones as well as external environmental factors which are somewhat more readily manipulated and could be regulated by law.

Undernutrition was defined as insufficient food overall or insufficient amounts of one or more essential nutrients. Overnutrition results from excessive food intake overall or excess of one or more essential nutrients. Dr. Runyon cautioned that the phrase "more is better" is a dangerous misconception.

Malnutrition may be primary or secondary. Primary malnutrition may be due to: (1) underweight caused by undereating or underfeeding; (2) anemia resulting from low iron intake; and (3) toxicity from excessive use of vitamin A or other nutrient supplements. Secondary malnutrition may be due to: (1) underweight caused by an intolerance of certain nutrients necessary to growth; (2) anemia as a consequence of blood loss; and (3) obesity related to sedentary lifestyle rather than ingestion of large quantities of food.

Dr. Runyon discussed the difficulties in assessing an individual's nutritional status and detecting malnutrition. Methods of assessing nutritional status include: (1) physical examination; (2) medical history; (3) body measurements; (4) laboratory assessment; (5) dietary interview; and (6) other selected tests. The following factors make it difficult to detect malnutrition: (1) possibility of a non-representative sample; (2) time and money expended; (3) changes over time which contributes to differences in age groups; and (4) missing data.

Dr. Runyon shared results of the second National Health and Nutrition Exam Survey (NHANES). Study data indicates that there is reason for concern about iron deficiency anemia in infants and children. Findings show (1) a hemoglobin rise in males as adolescence approaches; (2) hemoglobin levels of blacks (3-17 years) are lower at all ages than for whites (Based on current knowledge, Dr. Runyon does not feel different standards for black and white children should now be set); (3) hemoglobin rise for females (3-17 years) is

more modest in response to age then for males; (4) six through eleven-month-old black males have slightly lower hemoglobins that white males (no data on black females 6-11 months); and (5) lack of poverty does not mean a lack of iron deficiency anemia.

Dr. Filer discussed three eating disorders: obesity, anorexia nervosa and bulimia, each associated with health risks that place the child or young adult at jeopardy.

Obesity was defined as body weight in excess of 120 percent of ideal body weight. Dietz has estimated that obesity may affect 5 to 25 percent of children and adolescents. A 1973 study of school age children in Muscatine, Iowa to evaluate coronary risk factors found that 13 percent of the girls and boys, age 14 to 18 years, were obese with 8 percent classified as superobese. A 1981 survey of 4,055 Muscatine school children, ages 5 through 18, indicated that 5 percent of school children were obese and 6 to 7 percent of them were superobese. These percentage values are lower than those reported in the 1973 Muscatine study, but the inclusion in this second study of a larger number of prepubescent children reduced the incidence of obesity which has its onset with the adolescent growth spurt.

Studies of Iowa children over the past 40 years conclude that some 6 to 8 percent of Iowa children are superobese and another 5 to 15 percent can be classified as obese. These figures indicate the magnitude of the numbers of children at jeopardy in Iowa.

During the childhood years, obesity can result in psychosocial problems. Discrimination of obese children may start in kindergarten and persist throughout higher education. The obese child is subject to peer rejection, has less opportunity to participate in games, becomes less active, and uses less energy, therefore, fostering his or her own obesity. In addition, known coronary risk factors of increased blood pressures and blood lipids are associated with childhood obesity.

Children whose parents are obese have a threefold greater risk of becoming obese than do children of thin parents. Intrafamily member correlations for fatness extend to biological children, adopted children, spouses and pets. Obesity is closely linked to socioeconomic status with poor girls thinner than their wealthier peers and poor women fatter than their wealthier peers.

Dr. Filer explained that anorexia nervosa and bulimia are eating disorders of overlapping and interrelated nature. Anorexia nervosa generally occurs in female adolescents whose fears of being fat lead to self-induced starvation. Bulimia is characterized by binge eating following by self-induced vomiting. Unlike anorexia nervosa, bulimia may exist at any weight level from the extremely starved, to persons of normal weight or overweight.

It has been estimated by Johson and coworkers that 52 percent of young women, 3 - 19 years old, have dieted by age 14 years and that 14 percent of them could be chronic dieters. Binge eating or self-induced vomiting, at least once a week, occurred in 16 and 4 percent respectively of the groups. Eight percent of this high school population was considered to have bulimia in

contrast to an incidence of 19 percent among college students as reported by Halmi. Jean Lakin of the College of Nursing at the University of Iowa has launched a survey in the Iowa City Community to determine the prevalence of bulimia among high school students.

Some of the health risks associated with anorexia nervosa and bulimia are loss of body fat due to severe starvation; lean body mass and minerals such as potassium, phosphorus and magnesium essential for cardiac function; and immune deficiency induced by starvation which impairs the response to infectious disease, produces amenorrhea and interrupts growth. Death due to heart failure is frequently the outcome for anorexia nervosa.

Adolescents and young adults dedicated to long distance running may represent another form of expressing concerns about weight control. It has been suggested that the lean runner may be an anorexic or bulimic in disguise.

The concepts of a balanced diet, taken in moderation along with an appropriate exercise program, represents the message we should transmit to legislators, educators, and health care professionals so that the numbers of children at jeopardy from eating disorders can be reduced.

Solutions/Strategies

Panel Members:

Theodore D. Scurletis, M.D.
Medical Director
Maternal/Child Health
Department of Health

John MacQueen, M.D.
Professor of Pediatrics
University of Iowa

Louis E. Smith, Ed.D.
Child Nutrition
Department of Public Instruction

Colleen Butler, R.N., P.N.T.
Community Health Care Clinic
Davenport

Dr. Lou Smith discussed child nutrition programs administered in public and nonpublic schools, boarding schools, institutions, child care centers and family day care homes. During the 1983-84 school year, Iowa schools served a daily average of 347,575 lunches and 10,261 breakfasts.

Seventy percent of the children participate in these programs that are designed to meet one-third of the total daily nutrients. Another purpose of the program is to teach children what is an adequate diet. Out of 600 school districts, only 51 adopted the breakfast program. Summer food programs number as few as 19. The group was challenged to talk with their local school districts and ask about the status of the lunch and breakfast programs.

Dr. Scurletis stated that one of the deficiencies in our society is the lack of assistance to help people get into the health care delivery system. A second concern is the fragmentation of health services that requires a family to go to one place for shots and another to receive education about everyday living. We have the data base necessary to identify those children in jeopardy but the critical part missing is an organized outreach service to guide people to services, educate them to the importance of care, and monitor them to insure they stay in services. We probably have the greatest health delivery system in the world. Unfortunately, the public and private health services in most communities don't talk to each other. We need to work with communities to coordinate primary preventive care at the local community level; add more sophisticated services at the regional level, and refer people

to tertiary care centers to receive services such as open heart surgery. There needs to be a concept of a health care delivery system that is interrelated and integrated.

Three solutions were suggested to improve the care to children in jeopardy:

(1) organized child health services in every county;

(2) integration of child health services with women, infant, and children's program; and

(3) coordination of maternal child health services and school programs.

Colleen Butler presented case studies demonstrating how a nurse practitioner serves as advocate, interpreter and coordinator for children needing services from a variety of health care providers. As a nurse practitioner, she attempts to reduce fragmentation, educate families and monitor care for children for which she provides primary care at the Community Health Care Center in Davenport.

Dr. John MacQueen discussed the legislative charge to the State Department of Health, Iowa Specialized Child Health Services, University of Iowa Hospitals and Clinics, and the Department of Human Services to jointly study and develop a plan for the integration and coordination of maternal and child health programs.

Dr. MacQueen also discussed three problems and solutions:

Problem 1

The problem of fragmentation of health programs for children.

Solution

There should be a clearly stated and well publicized policy of the State of Iowa that the various state agencies that provide health and health-related services to children will actively coordinate their service programs, and that these agencies will include in their annual reports and budgets, reports about activities taken to ensure the coordination of services.

Specifically, it is proposed that the concept of regional centers as sites for coordinating health and health-related services for children be developed through the state.

Problem 2

Some Iowa families cannot provide health care for their children, and the public funds available to provide these services are not adequate.

Solution

The State of Iowa should give priority to the health of its children by including adequate funds in the state budget to support:

- state public health programs that provide direct health services for children;
- the Title XIX program to assure that financial barriers will not prohibit poor children from obtaining health care; and
- the Medically Needy Program.

Problem 3

Some Iowa families have not been educated to understand the importance of disease prevention, health maintenance, and the proper use of health services. Without that information, the health of many Iowa children continues to be in jeopardy.

Solution

A modern health education curriculum should be introduced in the K - 12 public school program to educate Iowa's children and youth about disease prevention, health maintenance and the proper use of health services.

Reported by Kay Grother, Department of Health

Kids in Danger

Abduction, Exploitation and Public Hazards

Moderator:
James P. Gannon
Editor
Des Moines Register

Speaker:
John B. Rabun, Jr.
Deputy Director
National Center for Missing
and Exploited Children
Washington, D.C.

John Rabun, Jr. said that it is time to become aware of the national epidemic of child exploitation. We can be part of the problem by failing to listen to child victims. Rabun described the criminal justice and juvenile systems as sitting by, uncaring. However, he said that as the country has become more aware of the problem, attempts are being made to meet the problem.

According to Rabun, a girl stands a one in four chance of being sexually molested before she is 18, and a boy stands a one in seven chance of being sexually molested before he is 18. No child is safe, because, up to now, law enforcement has not had the skills or awareness of the problems or the means to find a solution.

We have allowed ourselves to become involved with several myths about child abuse. The first myth is that the molester is the stereotypical man in a trench coat who lives somewhere else. The most common type of child molester is a friend or family member or an aquaintance who is white, middle class, probably college educated, possibly professionally trained and lives a surburban lifestyle. In fact, this person may live next door or in the home. At times, it is impossible to identify child abductors, if they are transient and do not stay put in one place. But we can have greater success in trying to identify the targets of child molestation cases by looking at people who have association with kids.

Another myth which should be considered is that there is a cure for child sexual abuse or pedophilia. Rabun stated that abusers may be treated but not cured. Normally these people have been paroled and the sex problems go on when they return to society.

There are national organizations with congressional lobbyists who are attempting to have laws changed concerning the sexual contact of adults with children. Rabun described this as organized crime because organized groups who prey on kids are attempting to obtain legislation to gain acceptance for their behavior.

It is a myth that our children can be taught self defense to protect themselves in these situations. A child cannot physically handle an adult in a confrontation. Rabun suggested that we concentrate more in preventing the abduction situation instead of reacting after it has occurred.

Rabun addressed the myth of numbers, which he described as "scare tactics." A range of statistics exist, but only some are based on fact. The 1.5 million reports of missing children per year is an acceptable figure. However, reports of 50,000 stranger abductions a year are not true. National Center records indicate that during a seven month period in 1984, there were 73 active stranger abductions cases in the United States.

Although the number of parental abductions is said to be between 25,000 to 700,000 each year, around 100,000 to 150,000 occur each year. For the most part, these children are not abducted by a loving parent but by a parent who wants to get back at the other parent. These children may be subjected to abuse, neglect or abandonment.

Rabun believes that we are not counting the right categories of abducted children. In the case of stranger abduction, we do not count the child who has been abducted for a short period of time and subjected to a sexual abuse by an unknown attacker. We don't count these, and as a result, we don't know how many kids have been momentarily abducted. If we look at the type of crime for purposes of record keeping, the range of stranger abductions could be 4,000 - 20,000 per year.

Rabun reiterated the fact that we must focus on preventing the act of abduction itself. He suggested that we continue fingerprinting children and that a photograph and a dental chart of the child be maintained by parents. This will assist police in identifying a body. In morgues all over the country, children and adults go unidentified. From 400 - 600 unidentified dead people are buried in New York City each year. One-third to one-half of these unidentified dead are children.

Rabun observed that law enforcement is committed to working on cases, and that officials are beginning to become experts in child abuse, neglect, abduction and exploitation. Police social work teams should be created to address the problem. We also need to reallocate resources, money, personnel and material. We must accept the worth and dignity of children and establish justice and righteousness for children.

Dealing with Problems in the City, School, Town and Country Areas

Moderator:

Thomas R. Ruxlow
Director
Division of Criminal Investigation
Department of Public Safety

Panel Members:

William Moulder
Chief
Des Moines Police Dept.

Dominic Bonanno
Principal
Phillips Traditional School
Des Moines

John P. Stark
Story County Sheriff

Tom Ruxlow described the problem of missing children as one of the most pressing issues in today's society. Approximately 1.5 million children are reported missing each year, which includes runaways, castoffs, abductions by strangers, and abduction by non-custodial parents. Approximately 90 percent of the children reported missing are located; however, we do not currently have statistics or records to tell us the manner in which these children are located.

Runaways are the largest group of missing children. Many times these children are running away from an abusive situation. Runaway adolescents, because of their lack of resources, are extremely vulnerable to exploitation by persons who would prey upon them and draw them into criminal activity.

The problem of missing children had not bypassed Iowa. As of November 26, 1984, there were 199 missing juveniles in Iowa. Of this number, 195 were categorized as runaways. Two young males are in the involuntary category (stranger abduction) and one male and one female are in the endangered category.

William Moulder presented a view of the missing person problem from the municipal level. He stated that the 1983 statistics for Des Moines show 1.5 children were reported missing each day. In 1984, this number has climbed to 2 per day. Moulder believes that community awareness has resulted in more reports. There is some good news associated with the missing children numbers. 90 percent of these children return home within a couple of days and almost all return within 30 days. The only involuntary case in the city of Des Moines is the Eugene Martin case.

There are approximately 20 children a day reported missing in Iowa. Every month, approximately 600 missing children enter and leave the Iowa system. At the end of the month, there are approximately 200 missing children cases on the computer with the most common age group ranging from 14 to 16 years old.

Moulder explained what action is taken when a missing person report is made. The initial report is taken by law enforcement and a determination is made as to what category the missing child is to be placed in. The reporting agency is mandated to notify the surrounding law enforcement agencies and enter this missing child into the state and federal computers. If foul play is feared, an investigation is started immediately. In the case of runaways, an officer is assigned to that area. Moulder said the police have a responsibility to these children to reunite them with their families. Running away has been decriminalized. Therefore, the police responsibility is to return

the child to the parent or the guardian. The police cannot ensure that the child will stay at home and there is nothing in the system to provide for follow up once the child has been located and returned.

The private and public sectors must work together to research what happens to kids while they are gone. Support measures, such as prevention programs and fingerprinting, must be continued. We need to determine what the dynamics of the runaway situation are. Runaways are a manifestation of a problem much deeper than just leaving home.

Dominic Bonanno described what is happening to children as a national shame. Nothing is happening and people are not caring. The problem belongs to all of us, but we often look to someone else to handle our problems.

Approximately one year ago, six attempts at abducting children from Phillips Traditional School took place. As a result of these attempts, a meeting between the PTA and the school was set up. Over 200 people attended the initial meeting.

It is difficult to get information from children because of their lack of knowledge at that level of development. The Phillips Traditional School began by defining the problem and making attempts to solve it. It was determined that an increased awareness was needed, that a number of eyes were necessary to insure the children's safety. The concept of a parent's patrol was developed. Children received information about protecting themselves from lures of those who might want to abduct them. They were encouraged to report anyone who looked "strange."

The school patrol, which began with five people and now involves 80 parents, consists of mobile units (motor vehicles), foot patrol and stationary watchers. All three groups are linked by a communications network which was purchased through funds raised by the PTA. One watcher is located on every street in the district. The mobile units patrol the "hot spots" as determined by the school children. Patrols are told to obtain license numbers and descriptions from kids as quickly as possible.

It is important to make sure that persons involved in a program such as this, are not themselves pedophiles. The school system worked with the local police department to insure that the people involved in the program did not have criminal histories in this area. Bumper stickers and identification cards were provided to members of the parent's patrol.

Ground rules were set up to insure that members of parent's patrol did not become a group of vigilantes. They do not make arrests and it is recommended that they do not intervene in an abduction situation.

Bonanno discussed some of the possible recommendations for involving the school in preventing child abductions. There is a need for a coalition of all the different groups involved in this area to focus on a starting point. One possibility is a standardized policy to verify a child's absence from school. More training on how to recognize the signs of child abuse or child sexual abuse should be provided to teachers. Providing lists of missing children to the schools would also be helpful.

John Stark pointed out that while rural areas do not have the numbers that the cities have, they do have missing children reports. In Story County, the ratio of girls to boys is almost three to one, and the most frequent age for disappearances is approximately 17 for girls and 16 for boys.

Dissemination of information is crucial. Law enforcement in rural areas depend on the Department of Public Safety's Division of Criminal Investigation or the news media to receive information. Investigations should be handled at the local level, however, there should be continued assistance from the FBI or the state level law enforcement agencies. Rural areas have started to involve the public in prevention programs.

There is a need for awareness training for law enforcement officers. Although there is a differing philosophy between social workers and law enforcement, they can and must work together.

A missing persons/missing children bulletin should be developed. In the past, the Division of Criminal Investigation has prepared a bulletin containing information on criminal activities to local authorities. A bulletin containing information about missing children would be helpful to the rural areas.

Reported by Terry Hoil, Department of Public Safety

Safety Programs that Work -
How to Make Iowa a Safer Place for Kids

Moderator:
Marie Wilson
Des Moines City Council

Speaker:
Robert Aldrich, M.D.
Clinical Professor of Pediatrics,
University of Washington;
Founder and first Director of National Institute of
Child Health and Human Development
National Institute of Health
Bethesda, Maryland;
Creator of KidsPlace
Seattle, Washington

A relationship exists between man, environment and genetic material. The genetic material, DNA, contains the code which helps constitute an individual. However, the question which concerns Dr. Robert Aldrich is "does man have the code for an environment which will permit the continuation of human beings?"

According to Aldrich, we will need to change our original values of independence, power and individualism to values of interdependence and cooperation. Thus, for any change to occur, it will have to be a community effort, looking at all the issues of the problem, versus one individual relying on merely one portion of the problem.

This wholistic approach to looking at problems surfaced within a group of Seattle men. Trying to discover reasons for students leaving Seattle and settling elsewhere, the group concentrated their efforts on improving Seattle's position among children. As ideas grew, so did membership. Thus, the original "coffee meeting" of five to six men has become a more structured group of 20 to 30 members. However, the group still maintains its informal structure by welcoming rather than controlling membership. Aldrich affirmed, "Anyone who thinks he can help the betterment of kids is more than welcome."

The community involvement for Kids Place was powerful and extensive. Representatives of public and private sectors, groups, including YMCA, Junior League and the government, offered their support.

The program assessed children's attitudes concerning school and their environment through 4,000 surveys administered to all school children between ages 6-16. Students responded to such questions as "What would you do if you were mayor?" Of the 7,000 responses, the most frequent were clean up the city; create more parks, playgrounds and recreational facilities; make the city safer; offer young student discount rates; and involve kids in the government.

Some other interesting opinions which surfaced from the surveys were that most of the students view schools as "helpful" but "boring," downtown is "fun" yet, "dangerous," and home is "fun" and "safe."

It was that feeling of security which the Kids Place committee acted upon. Said Aldrich, "Children have to grow up where they can identify with the city. Thus, they will respond well since an emotional tie will exist."

To ensure that the kids would have adequate representation and decision making power, the city of Seattle created a "Kids Board," consisting of several kids appointed by the mayor.

In addition, approximately 85 families and professionals walk neighborhoods to assess the opportunities available for children. Other projects include replacing "Slow--Children" signs with the logo, "Kids Place," thereby drawing consistency to the overall campaign. Stores are placing the logo in their stores, ensuring that kids receive "added" attention. Parents will be asked to complete the original survey given to students to provide a broader view of the problem.

The Seattle plan also calls for the creation of a holiday especially for kids, "Kids Day," held on the fourth Saturday in April. On this day, an international festival will be hosted where kids can experience various ethnic backgrounds through a "neighborhood smorgasboard."

A national conference is planned for Seattle in April to review seven aspects of society: education, religion, housing, government, recreation, culture and the arts.

Aldrich emphasized that the successfulness of any type of plan depends upon the support system, because no one individual can take on such a feat alone. The support which Kids Place received was terrific. By obtaining research and legal skills at no cost to the organization, Kids Place was able to carry out its goals. According to Aldrich, "This is the only program for which I haven't met any opposition."

Seeking a caring environment for children is necessary to develop an emotional link with their community. Aldrich concluded, "If such a bond is not made, the city will lose its children -- which can then only deter the future of the city."

Helping Children Cope with Public Dangers

Moderator:

Candace Bakke
Director
Public Transit Division
Department of Transportation

Panel Members:

Beverly Richardson
Coordinator
State Patrol Crime Prevention Center

Harry Braafhart
Safety Manager
Des Moines Register

Abigail Sivan, Ph.D.
Child Development Clinic
University of Iowa

"The 'stranger' is a difficult concept for the child to fathom -- a concept which must be de-mystified to make the child's world more comprehensible," according to Abigail Sivan.

Speaking about preventative crime measures, Sivan said a complete safety program to make students aware of the existing dangers of persons unfamiliar to them should be initiated in the school system. The program could include exploring alternative routes home for children, walking in groups, knowing when someone is missing, being aware of one's surroundings, and understanding what to do when unfamiliar or "strange" situations arise.

Instigating such a program would serve a dual purpose. It would enable students to be better prepared should an emergency arise. That is, it would be an internalized part of their routine -- just as a fire drill, tornado warning, or even an ordinary program such as "bike safety week." Secondly, it would lessen the anxiety level of everyone involved because kids will learn to be more aware of their surroundings, and therefore, capable of making rational decisions if something did seem wrong.

However, this program should not be limited to schools. Families can also play an important role by discussing emergency plans with their children. Students should have the feeling that although strangers do not care about them, the parents do.

According to Harry Braafhart, to implement a safety awareness program requires a person to do something, to take some kind of action. Braafhart defines "doing" as "deciding and "organizing." First, one must decide what type of program to administer, how complete the program should be, what age group to reach, and whether to involve the school system. Second, organizing must involve selecting a general chairman, location, supplies, advertising and media support.

Beverly Richardson has been successful in involving 402 Iowa schools in 184 communities in a safety program. Richardson developed an effective promotional plan with a newsletter, the "blue star," (placed in the windows of cooperating homes as targets for kids to turn to in the event of emergency), brochures, posters, and even a film, titled "Stranger Danger, II." All these tools helped to emphasize to children the importance of saying "no" to all offers made by strangers, removing themselves from strange situations, and telling someone if something does occur. Richardson stressed that strangers are not the only ones which pose a threat to children. With that in mind, the panel briefly discussed incestual relations and the need to make the child aware that such a problem does exist.

If students are cognizant of their surroundings and don't fear them, they can analyze the situation more rationally. It is unfortunate that such measures even have to be taken. But until people feel more comfortable in their own surroundings, the secure situation like "Kids Place" will continue to be a goal for which to strive.

Reported by Gigi Goetz, Drake University Journalism Student

Child Abuse in Iowa
The Problem is Real

Moderator:

Barbara Mack
General Counsel
Des Moines Register

Panel Members:

Timothy Barber-Lindstrom
Child Protective Program
Manager
Department of Human Services

Beverly Blessing
Public Relations
Equitable Life of Iowa

Andy Ross, Ph.D.
Executive Director
Christian Home Association
Council Bluffs

Michael Moskal, D.O.
Department of Pediatrics
University of Osteopathic Medicine and Health Sciences

Gerald Solomons, M.D.
Professor of Pediatrics
Child Development Clinic
University of Iowa

Twenty years of work in the field of child abuse have been 20 years of frustration because of the magnitude of the problem, according to Gerald Solomons, M.D.

In 1967, the first year Iowa statistics were collected, 110 cases of child abuse were reported. In 1983, 23,000 cases were reported. Nationally, 10 percent of males and 20 percent of females will be abused before the age of 18. The reports of sexual abuse are increasing so dramatically that the actual magnitude of the problem is unknown. A third of abused children will become brain damaged; half will become retarded; all will have serious social problems. In Iowa, 25 percent of reported cases of child abuse are substantiated as actual abuse. Nationally, the substantiation rate is approximately 45 percent.

Major problems in combating child abuse in Iowa include:

1. Inadequate training of mandatory reporters. Social workers, in particular, need greater specialization, preferably in the field of child protective services.

2. Lack of collaboration among mandatory reporters, the medical profession, human services professionals, the court and law enforcement.

3. Lack of accountability. No one in Iowa has ever been prosecuted for failure to report.

4. Failure to believe children who report that they have been abused.

5. Perpetrators freed by the courts and the legal system. All abuse perpetrators should be charged; sex abusers should be jailed.

6. Lawyers are not adequately trained on dealing with child abuse.

7. Less emphasis on child abuse as a single issue. Child abuse is often incorporated into the larger area of "domestic violence." Funds specifically for child abuse are inadequate.

Timothy Barber-Lindstrom noted that reports of child abuse in Iowa are increasing and case workers for the Department of Human Services are currently handling as many as 35 cases per month. In fiscal year 1983, reports of abuse involving 23,600 children were made, and 14 children died of abuse. In fiscal year 1984, the cases involved 24,000 children and eight deaths. Cases involving 8,000 children have been reported since July 1, 1984. In 70 percent of these cases, the perpetrators were the parents. Stress in the family creates abuse, and the reports increase in times of economic difficulty.

All reports of abuse are investigated by the Department of Human Services. DHS must prove that abuse occurred for the report to be considered "founded." If abuse did not occur, the report is considered "unfounded." A new classification, for unresolved reports, keeps case files open for possible additional investigation.

Barber-Lindstrom explained that proof of abuse is most difficult in reports of sexual abuse because there are 11 categories of actions which can be classified as sexual abuse. There are 10 categories which constitute neglect. Treatment is available to all participants in an abuse case. Sixty-two percent of families involved receive some services, whether or not the report was founded.

Andrew L. Ross discussed institutional abuse or child abuse which occurs outside the home in institutions such as schools, correctional facilities and day care centers. The source of institutional abuse is the English "poor laws" and their underlying social attitude that the poor are entitled to minimum care at minimum cost, but no more. The current causes of institutional abuse are inadequate funds, poor management and unskilled workers in the institution. Low wages and the absence of disagreement between staff and directors are signs of trouble in an institution.

According to Dr. Ross, the solution to institutional abuse is the responsibility of the administrator, not the board of directors. The administrator must promote the concept of excellence. Excellence means having the vision, courage and will to do what needs to be done. People with natural talent and skill to work with troubled youth are needed to work in our institutions. Talent is more valuable and more reliable than training in this field.

Beverly E. Blessing emphasized that citizens know that government cannot address all problems, but business cannot be expected to pick up the rest of the load. Business should not set social policy because business sets its direction based on its own interests. In addressing the problem of child abuse, as well as other social problems, the role of business should be that of support.

She added that the business community is very aware of child abuse, particularly because of its impact on employees. Business also feels the financial cost of wasted human resources such as persons in prison. Reporting child abuse is a real problem in business because businesses must respect the rights of employees.

The corporate response to child abuse can be either financial or non-financial. Financial support includes annual corporate contributions to organizations such as United Way as well as one-time support of special appeals. In all cases, business is most likely to give financial support to programs with proven track records and to programs from which business can profit in return for its support. Non-financial support includes donating corporate know-how and publicizing programs to employees. Other indirect support can include services to employees such as flextime to reduce stress, insurance which covers emotional problems, and a flexible menu of employee benefits, which may include day care as an option.

Dr. Michael J. Moskal pointed out that child abuse occurs everywhere in American society. One million children are abused annually; 30,000 to 40,000 are seriously injured; 2,000 to 3,000 die. Eighty percent of abuse is physical, and the victims are most often under two years of age. Fifteen percent of abuse is sexual, although this is increasing, and the victims are most often girls age six and older. Approximately 50 percent is neglect. Nationally, 80 to 90 percent of the abusers are the parents.

Dr. Moskal said the medical profession must ask three key questions to determine if abuse has occurred: Is the story of how the injury was received consistent with the injury itself? Is there evidence of repeated trauma? Was there a delay in seeking treatment?

He noted that if an abused child is returned to the same environment, the chance of additional injury is 30 percent and the chance of death is 3-5 percent.

Therefore, treatment of abuse cases must be multi-disciplinary. Most of the time physical abusers can be rehabilitated. Sexual abusers cannot be and should be incarcerated.

Solutions/Strategies

Moderator:
Barbara Mack
General Counsel
Des Moines Register

Speaker:
Anne Cohn, D.P.H.
Executive Director
National Committee for the
Prevention of Child Abuse
Chicago, Illinois

Anne Harris Cohn discussed the dramatic increase in public awareness of and concern about child abuse during the last year. She said the time is right to make a difference. The public is ready to be mobilized. What should we do?

Child abuse costs everyone in the society. The physical and psychological damage to children is severe and has long-range effects. Annually, $2 billion is spent on treating the consequences of child abuse. Only half of that treatment is successful.

Cohn said we need to put greater emphasis on primary prevention - preventing abuse before it occurs. Research supports the following as effective prevention strategies:

1. programs which relieve the stress on and give support to new parents;

2. parent education with an emphasis on child development;

3. programs to alleviate parent isolation;

4. programs to provide services in times of crisis;

5. treatment for abused children, especially for the emotional problems that result from abuse;

6. good day care; and

7. education in self-protection for children.

Cohn outlined additional strategies that work. She noted that individuals and organizations can do a great deal at the local level if they pick a specific and realistic goal. For example, the current goal of the National Committee is to reduce child abuse by 20 percent in the next five years. Local organizers should select activities to achieve the goal and stick with them for a sufficient length of time. The media should be used to publicize the services. In selecting activities, groups should consider what research says about what works and what makes a difference.

Cohn emphasized the need for respect for all persons who are willing to work on this problem. Whether they are professionals, business people, or lay people, all have something to contribute, and volunteers are essential to getting things done. Business people are particularly helpful in locating corporate financial assistance.

Lastly, Cohn said individuals and groups need to move beyond discussing the problem and stress doing something about it. Maintain the attitude that you can make a difference, especially in prevention, she recommended.

Reported by Sharon Slezak, Department of Public Instruction

Child Abuse Prevention in Iowa

Programs that Work

Moderator:

Norm Ostbloom
Executive Director
Iowa Chapter
National Committee for
Prevention of Child Abuse

Panel Members:

Terry Penniman, Ed.D.
Chairperson
Iowa Child Abuse Prevention
Program Advisory Council
Des Moines

Rep. Bob Arnould
Davenport
Iowa General Assembly

Rep. Sue Mullins
Corwith
Iowa General Assembly

Mary Olson
Parent Share and Support
Lay Health Visitor Programs

LouAnn Mowrey
Respite/Crisis Child Care
Programs
Carroll County Council for
Prevention of Child Abuse

JoAnn Bradley
Role Modeling and
Support of Youth
Child Abuse Prevention
Council of Delaware County

Alice Strain
Sexual Abuse Prevention
Programs
Clinton County Council for
Prevention of Child Abuse

Paula Pressley
Peer Support and Education
Programs
Greater Des Moines Child Abuse and
Neglect Council;
Young Women's Resource Center

Marcia Mullikin
Parent Aide Programs
Family and Children's Council
of Black Hawk County

"Child abuse is a travesty committed against children that can be prevented, and I don't think we're doing enough either in Iowa or in this nation," stated Dr. Terry Penniman. Iowa spends only $125,000 each year on child abuse prevention compared with the $6 million spent on driver education or the $5-6 million spent on treatment for child abuse. The $125,000 spent is about twice the amount required yearly to care for a severely brain damaged child injured by child abuse in a residential care facility.

Panelists in the Child Abuse Prevention workshop concurred that there has been a heightening public awareness of the problem of child abuse, that there is genuine public support of the issue and that now is the time for action.

Raising the amount spent on child abuse prevention to "significant levels" is part of a long-range planning process proposed by Representative Bob Arnould. What is needed is "a sense of vision of where we want to go to make Iowa a safe haven for children," said Arnould. He said he will recommend a $200,000 increase in prevention funds in the upcoming legislative session. Further study is needed to analyze how we are spending our resources in the state and where it is wisest to spend them. Arnould described the legislative

appropriation as "a pool in which we need to begin to invest larger amounts of money in each coming year."

Other priorities he described are school programs providing parenting education to children and to parents; basic training on recognizing and reporting child abuse for doctors, teachers and others who work with children; and day care services.

Rep. Sue Mullins recounted the highly debated and delayed passage of the child abuse prevention funding bill "That bill was debated more than any bill prior to that time and any bill since for $125,000," she said. Mullins further stated that the bill might not have passed had it not been for the efforts of the 30 groups comprising the child advocacy network.

Children and family programs have not been a high priority with the legislature, said Mullins: "You can't tell where the priorities are because that's where the dollars go and we've not had a whole lot of dollars going into these areas."

Child abuse prevention was finally sold to the Legislature not on the basis of the terrible things that were happening to Iowa children. "The hook was that preventing child abuse can save money," she said.

"It seems to me that our priorities are rather screwed up when that's the way we approach the problem," Mullins said. "We had to tell people we have people in prison because they were abused as kids. We have child abuse now because the parents of the children who are now being abused were abused. We are paying out through the state budget for the maintenance of these people either because they're incarcerated or because they need continual care in a residential facility or emergency care through the hospital system."

Panel members discussed successful projects funded by the Iowa Child Abuse Prevention Program Advisory Council. The Child Abuse Prevention Program is in its third year of operation in Iowa. There are 21 funded projects in both urban and rural communities throughout the state. Although the projects are varied, they share the common goal of preventing child abuse by affecting the factors known to be causes of child abuse. All projects are supported by local community council members, local and/or county funding, and include volunteers in the delivery of services.

The services cover primary and/or secondary prevention. Primary prevention provides service to the general population and includes projects such as lay health visitors, respite child care and sexual abuse prevention. Secondary prevention provides services to an identified group of people who are considered to be at high risk for abusing their children. Examples of secondary prevention are: parent aide projects, support programs for young moms, support for children from high risk families and respite care for handicapped children. Some programs combine primary and secondary prevention by serving both the general and public and high risk referrals from human service agencies.

Mary Olson described the efforts of a lay health visitor program, Parent Share and Support of Fayette County, in northeast Iowa. The lay health visitor offers emotional support to parents of newborns as they adjust to the stress added to the family by the birth of a new baby. The goal of the lay

health visitor project is to assist families in getting off to a good start by providing needed information and support and therefore reduce the likelihood of child abuse.

About 165 families were served last year or 65 percent of the new mothers in the project area became involved in the program. The initial contact takes place while the mother is hospitalized. Volunteers are trained and matched with parents. For example, a new mother with a handicapped child will be matched with a parent volunteer with a handicapped child.

The lay health visitor concept can work in communities of any size, according to Olson. She cited successful programs in Postville, Iowa, with less than 100 families, and in urban Davenport.

The second type of prevention program presented focused on respite/crisis child care. Respite care service provides parents with time away from their children, reducing stress and lessening the likelihood of child abuse occurring.

LuAnn Mowrey said that up to five hours free emergency child care per week is provided in a licensed day care home or center for the family experiencing stress. Day care homes are paid $1 per hour for each child including meals.

Since the program's inception in February, 1983, response to the program has been very positive. Some parents are now taking parenting classes during the time they are free from child care.

The Friends program in Delaware County is an example of a support program for children from high risk families. These projects provide for a trained volunteer to work with the children on a one-to-one basis. The goal is to prevent child abuse from occurring and to break the cycle of abuse by showing the child other ways to deal with life. The volunteer and child do recreational activities together and work on mutually agreed upon goals. The relationship is intended to supplement and not replace the parent-child relationship.

Volunteers, who must be at least 18 years of age, are screened and required to commit two hours per week for one year to the project, stated Coordinator JoAnn Bradley. Currently, 75 children are enrolled in the program, and although about 40 percent of the children were involved in child abuse complaints in 1983, none were involved in the past quarter.

Child sexual abuse is a problem that affects about one in four females and one in seven males by the age of 18. Sexual abuse prevention projects are offered on a primary prevention basis to all children.

Alice Strain, coordinator of the Clinton County project Beyond Stranger Danger: Elementary Prevention Program for Personal Safety, and her staff of trained volunteers provide children with information on how to protect themselves from abduction, abuse and sexual assault. Children are taught that this danger may be not be from just strangers but also from people they know and trust.

The program is presented in seven school districts to grades one, four and six. Children are shown films and role play in small groups to give practice in verbalizing solutions to situations of personal danger. Children are informed of community resources and are given a telephone book with agencies and hotlines listed. Immediate support and follow-up is provided to children who are presently being abused or have been abused.

Parents who are high risk for abuse may have a variety of problems such as low self-esteem, lack of support or difficulties in parenting. Parent aide programs match parents with trained volunteers who work with them on these problems.

Marcia Mullikan said the goal of the Parent Connection Program in Black Hawk County is to help families increase their resources and decrease their stress levels. Most of their clients have been investigated for child abuse or neglect and many are experiencing financial problems, unemployment and/or major life changes due to death, divorce or separation.

Volunteers provide a one-to-one supporting relationship with clients who are encouraged to utilize other community resources, to reduce social isolation and to pursue individual six-month goals.

Another project which previously received advisory council funding was the Support Programs for Young Moms. Children born to single mothers under 20 are 2½ times as likely to be abused as children born to older mothers. Contributing factors are isolation from peers, an increased incidence of birth defects, financial insecurity, social stigma and lack of life experiences.

Young moms often lack the skills, knowledge, support and maturity needed for parenting; support programs for young moms are designed to meet these needs thereby, preventing child abuse.

Paula Pressley said that while births for those teenagers aged 17 and over are leveling off, there has been a dramatic increase in births to mothers ages 12 to 16. With teenage mothers there are two possible victims, the child and the parent. The center's support program for young moms consists of groups of 12-15 young moms who meet for three hours weekly over a two-year period. They receive intensive parent education from trained volunteers, free transportation, child care and a meal. Mothers participating in the program report that they are now more relaxed, have improved parenting skills and feel more confident about their ability to parent.

Reported by Dianne Milobar, Department of Human Services

Emotional Impacts of Poverty on Children

Moderator:
Carl R. Smith, Ph.D.
Consultant
Behavioral Disorders
Department of Public Instruction

Speaker:
Nicholas J. Long, Ph.D.
Professor of Education American University;
Training Director of
Community Mental Health for Youth Services
Rose School
Washington, D.C.

Breaking the cycle of poverty requires that society assess the realities of poverty and examine its attitudes toward children. Only then can we combat the emotional trauma experienced by poor children, said Dr. Nicholas Long. "Our society is more interested in Sunday afternoon NFL football games than the emotional life and death game our children are playing."

Throughout the 20th century, Americans took a number of positive steps toward protecting and nurturing children, culminating in the 1950s with a period known as the "Child Centered Society." During that period, attention was focused on developing the emotional, physical and social well-being of children. This attitude was carried through the 1960s and 1970s as children were granted a guarantee to equality of education and equal access to the educational system.

The 1980s, however, contrasts our rich heritage of concern for children as a period of "indifference, abuse and neglect," asserted Long. These attitudes are evidenced in a number of ways.

Today, children are commonly depicted in sinister ways in the media, literature and film. "Rosemary's Baby," "Children of the Corn," and other such books portray children as innocent people who have monstrous powers that necessitate their destruction. In addition, there has been an influx of books promoting corporal punishment. These emerging "get tough" policies show little compassion for children.

Another phenomenon is the growing adult separation of children. There is a movement to limit the number of places where children can live. Long noted that 1/4 of all rental apartments now prohibit the residence of children. This, he said, represents an inattention to the rights of children.

Children are increasingly becoming victims of their parents' and relatives' abuse. Long stated that 1 - 1.9 million children fall victim to parental violence each year. In Iowa alone there has been a 16 percent increase in reports of child abuse.

Antipathy for children extends beyond the abusive family to society at large, claimed Long. The existence, and openness of organizations such as Rene Bugant's, whose motto is "sex by eight or it's too late," affirms this exploitive attitude toward children. Additionally, child pornography has emerged as a lucrative business. Supported mainly by middle class males, this business has become highly profitable and marketable.

The problem also extends to what Long described as "the marginal public school programs." He noted that on any given day, 1/3 of all high school students are truant. Thirteen percent of high school graduates are illiterate. Long condemned this society which does not react to teacher strikes or demand better educational programs.

Long also expressed dismay at the poor health standards in this country. He questioned why the United States has the sixth lowest infant mortality rate in the world while it ranks first in delivering live births. He looked at the increase in sexuality among teenagers as a cause, as babies born to teenagers are three times as likely to die before their first birthday.

Finally, the lack of child advocacy groups in the United States underlies Long's perception of the current indifference to children. If people are not sensitive to the needs of children in general, Long wondered if they would be sensitive to the perils of impoverished children.

Impoverished children live in an environment that is completely foreign to the rest of society. Poverty is like a one-way mirror in which poor children can see out but wealthy and middle class people have no exposure. Reality for impoverished children is a stressful combination of environmental factors that include no privacy, high divorce rates and poor health. Because poor people move an average of once every three years, poor children have few good role models in their communities and few lasting relationships.

Poverty is more than an economical and physical state for children. It affects self-esteem and predisposes many children to lasting poverty. Educational routes to escape are closed for most poor children by the third grade. By that time, many have perceived themselves as dumb, as failures. Poor quality schools and language handicaps combined with low self esteem give the poor a sense of futility. This sense of fatalism makes poverty a self-fulfilling prophesy.

According to Long, different types of poor families exist, with each providing various levels of support to children. "Stable" poor families provide the greatest amount of emotional support to their children even though the families possess few material goods. "Copers" are also able to provide emotional support to children, however, these families are subject to more economic problems and stress.

On the other end of the continuum, comprising roughly 2/3 of all poor children's family situations are two other types. The "strained" families provide little support to family members. Some drug dependency along with severe economic problems also characterize this type of family. "Unstable" family members provide little support to one another. This family type is characterized by a single parent who is immature and overburdened with life stresses. Children living in this type of family are at high risk to remain in poverty.

Dr. Long believes there is a situational or emotional response to poverty. The response of children in "unstable" families can be severe. Poor children have two alternative emotional responses to poverty -- an aggressive response or a dependent response. Both of these personality types develop and are reinforced by self image, incidents, their own behavior and others responses to their behavior. Dr. Long described this phenomenon as the child's conflict cycle.

Aggressive children do not trust others, believe they must be smart and act aggressively to survive. They seek this type of behavior in others. It is reinforced through a cycle of actions and counter actions. The cycle begins with the child's distrustful-aggressive self image. When the child encounters a situation in which he feels an aggressive action is appropriate he acts on the situation in an aggressive manner and consequently receives an aggressive response from peers or adults. The child is aggressive because he feels, behaves, and is treated aggressively.

Dependent children react to poverty in a manner exactly opposite to aggressive children. These children are withdrawn, fearful and passive. Passive children encounter situations with fearful preconceptions. Since they are afraid of taking changes they are passive and alienate themselves from people. This alienation is met with alienation and passivity from others.

Personality is learned. The aggressive and dependent behavior of poor children is different from that of other children because they develop differently.

Further, Long contended that normal child development requires at least three primary people. One is needed to communicate steadfast love to the child, another is needed to teach the child about the opposite sex, and lastly the child needs someone to challenge him intellectually. Poor children don't always receive these supports.

Poor children often do not receive proper emotional support during the appropriate developmental stage. Timing as well as type of support given is crucial. During that first year of life, a child will develop a trusting or distrusting outlook depending on the type of bond developed with the caregiver. Poor children don't always receive proper support because they are often born premature necessitating an extended hospital stay. This delays the bonding process between mother and child. Many of these children are born to teenage mothers who are not able to respond to the emotional needs of their infants.

Age two through puberty are also important to the emotional development of children. During these years, the child will become self-reliant, ambitious, and develop a positive esteem or become fearful, passive, and develop poor self esteem. Events, cues from others and the environment will dictate the emotional outcome.

Massive social action is needed to ensure that poor children become self-reliant, ambitious and confident. Action can take the form of primary, secondary or tertiary prevention.

Long said the best way to break the emotional consequences of poverty is through measures that prevent it altogether. Primary prevention is aimed at

preventing the health, educational and social factors that impact the emotional consequences of poverty. Among the measures Long suggested are reducing illegitimate pregnancies among teenagers and providing pre-natal care to teens who become pregnant. Physical health measures include funding Well Baby and Women, Infant, and Children (WIC) Programs. To address the educational needs of poor children, Long suggested that the teacher-student ratio be reduced to 20, so that educational/emotional support be given to each child.

Secondary support measures are given to children who are at risk to developing emotional problems. These services include therapeutic nursery school, afterschool and weekend programs. Long asserted that mental health programs be removed from clinics and offered in schools.

Tertiary support is given once a child develops emotional problems. These services are costly. Long stated that they can be as expensive as $25,000 per child but can prevent the long term affects of poverty.

Poverty can be prevented, but society resists providing even the services currently available. Long determined that resistence is caused by a denial of the problem, a sense of fatalism, politics and suppression. This resistance must be overcome if American culture is to be maintained.

Reported by Lisa Kimbro, Commission on Children, Youth and Families

Women and Children in Poverty -

Its Impact and Implications for Iowa's Future

Moderator:

Sue Follon
Director
Commission on Status of Women

Panel Members:

Senator Charles Bruner
Ames
Iowa General Assembly

Rep. Dorothy Carpenter
West Des Moines
Iowa General Assembly

Neil Allen
State Training School

John Ayers
Commission on Status of Women

JoAnn Lane
Commission on Children,
Youth and Families

Sandra Scott
Deputy Commissioner
Department of Human Services

John L. Ayers said poverty is a result of social and institutional discrimination. "Poverty is present in the United States because of conscious policy choices which people who make decisions have decided to make," said Ayers.

He cited several statistics from the United States Bureau of the Census. By the end of 1983, 35 million people were considered poor by the government's definition. The annual rate of poverty declined from 14.7 percent to 11.7 percent of the United States population during the years 1966 to 1979. It then climbed to 15.2 percent in 1983. This is the sharpest increase since poverty statistics were collected. During this same period the number of poor children under age six increased by 51 percent.

Our nation's response to poverty must improve welfare programs, but it must also "address broader social, institutional and structural factors in our country that are an integral part of this problem," said Ayers.

There are three social and institutional factors that cause poverty. The first factor is racial and ethnic discrimination. The rate of poverty is highest among minority groups. A black is three times more likely to be poor. Racial prejudice is apparent in the economic, political and social structures of our country. Discrimination practices occur in labor, education and electoral politics. These factors cause a severe socio-economic gap between whites and non-whites.

The second factor is the feminization of poverty. From 1960 to 1980, the number of families headed by women rose 80 percent. The rate of poverty among families headed by a female was six times that of a two-parent household. If a woman is employed she may still be poor because of low wages. Women

employed outside their homes full-time, year-round earn only 61 percent of what men earn. "Simply being employed full-time is, by itself, not a remedy for poverty among women," said Ayers.

The third factor is the distribution of income and wealth. "Gross inequities are morally unjustifiable particularly when millions lack even the basic necessities of a dignified human life," said Ayers. In 1982 the richest 20 percent of this country's population had more income than the bottom 70 percent combined. The top five percent of families own 43 percent of the wealth. The bottom 50 percent own only four percent of the net wealth. These disparities between income and wealth are the greatest among all western civilized nations, said Ayers.

Ayers cited several facts about poverty in Polk County from a document called "Operation Child Watch" by the Junior League. Many families run out of food before the end of the month. Many families are forced to relocate to smaller living quarters. Many do not seek medical attention until the situation reaches a crisis. Many families are dysfunctional as evidenced by family breakups, violence, suicides, increased jailings, teenage pregnancies and a higher drop-out rate.

Ayers said the purpose of this conference should be to raise the conditions of these families and children to the public's eyes. When people see a need, they respond. "If we provide adequate food, shelter, clothing, and health care for our poor, they will still be poor. What we need to do here has nothing to do with wiping out poverty. It has to do with treating people like human beings," said Ayers. The public must "address those social and economic structures and institutions which operate by conscious policy decisions to make people poor," said Ayers.

Joann Lane said the lack of reliable, affordable child care was a real crisis in the State of Iowa. According to the 1980 Census figures, 10.1 percent of all Iowans were living below poverty level. Half of this group was households headed by women. One out of every four children under age five was living in poverty. Seventy-four percent of the non-custodial parents were delinquent in child support payments.

These figures clearly show that not only does the single parent have the responsibility of raising the child, but she needs a good job. "Finding reliable, good quality child care at an affordable price is a real crisis," said Lane. "It is a crisis with injurious costs that creates extraordinary stress upon the parent and sometimes dangerous conditions for many children." Without a child care subsidy, many women will not be able to get off public assistance.

Lane said the funds available for child care subsidy in Iowa have been reduced. In 1982, $2.7 million was available. In 1984, only $1.7 million was available. The amount of subsidy available for 1985 is $2.1 million. Many counties are not making the child care subsidy available because of other funding priorities or they don't know how to access the moneys.

"Iowa really is in the backwaters of child care policy," said Lane. "How can we be so stingy when it comes to our children's formative years? How can

we fail to recognize that we can pay now or pay later? Affordable child care is cost effective. It is the key to keeping women off welfare, and out of poverty and in the workforce."

Neal Allen said the goal of the Iowa Training School at Eldora is to disrupt the cycle so the same families don't appear repeatedly at the Training School. Over 48 percent of Training School students come from single-parent homes. Single parents have financial needs and need to be supported and encouraged.

Allen said, "I am happy about the fact that we're starting to take a look at the global effect. We're starting to take a look at systems. We're starting to talk to each other about how we can work together to come up with some goals and some accomplishments that will benefit single parents and their children."

Sen. Charles Bruner said comparable worth is an attempt to reduce pay discrimination in the work place for jobs that rank similarly in compensation factors. If two jobs ranked similarly in compensation factors, but one job was held primarily by men and another job was held predominately by women, the women were paid $1,500 to $2,000 per year less.

Bruner said that comparable work was a short term solution. Affirmative action was needed to make gains in placing women in higher paying positions. Women continue to enter the work place at low-skill, low-pay jobs. Until this problems is solved, poverty will continue.

"To develop a full range of opportunities and abilities, we have to address the poverty issue," Bruner said. "We have to do it through the economic system to assure that jobs in society are available that pay at a level that can support families." This requires that we view child care more as a public responsibility than as an individual responsibility.

Dorothy Carpenter said the goal of job training should be to remove people from welfare. If a woman with children is to receive job training, funds must be available for child care. "Poor care of children is a very poor investment in the future," said Carpenter. Since a displaced homemaker has never been in the labor force, she is not considered a displaced worker and is not eligible for Job Training Partnership Act moneys. Society must find a way to give these women access to the Dislocated Worker Centers for placement in training programs.

Carpenter said society resists paying for child care because it believes children should be raised at home with their mother. Children are not best served by keeping them at home with the mother in dire poverty. "The United States is one of a very few great nations in the world that has no comprehensive day care policy," said Carpenter.

Sandra Scott described the Department of Human Services as "an umbrella agency with responsibility for what most of you think of as welfare programs that serve Iowans in need." Human Services is only one agency and there are "a multitude of funding streams" for services available in the state of Iowa. Scott said society should make an effort to create preventative programs. "In the state of Iowa, we spend most of our funding on programs that try to alleviate problems after they have already begun," said Scott.

Workshop participants divided into groups to discuss solutions. Among the suggestions was a need for increased awareness of the level and the effects of poverty. The United States needs to rethink its priorities in regard to where it is spending tax dollars.

One group said there should be increased emphasis on programs that deal with prevention. One member suggested more social experimentation and research should be tried. Our nation should use our universities to develop innovative solutions to our social problems.

It was proposed that our country provide adequate job training and child care to get more women off welfare rolls and back into employment. Adequate funds need to be provided for these areas. One suggestion was since school enrollment is declining, schools should provide before-school and after-school child care. Job training should be targeted towards jobs with marketable skills. The group said funding from the Job Training Partnership Act should be made more accessible to women.

One group said it felt there should be a children's lobby to work for issues concerning children in the legislature. It also said there should be coordination of information and funding between agencies. It suggested a human service planning council which would be a consortium of decision makers from both public and private sectors.

Another group said society should adopt a more universal program as opposed to dealing with individual problems. A negative income tax would be an example of this type of program. It was also suggested that welfare recipients be given more incentive to become employed. A continuation of certain benefits such as medical benefits would allow some clients to become employed.

Reported by Jean Swartz, Drake University Journalism Student

The Substance Abuser
Services Problems in Iowa

Moderator:

Julie Gammack
Des Moines Register

Panel Members:

Mary Ann Schmidt
Dean of Students
Ames Senior High School

Lee Williams
Intake Officer
Polk County Juvenile Court

Alvera Stern, Ed.D.
Prevention Manager
Department of Substance Abuse

Mary Ann Schmidt observed that, in most cases, schools are not knowledgeable about the problems of substance abuse within their systems. There is a need for training in substance abuse strategies and problem identification for all school personnel including administrators, counselors and teachers. Schmidt also noted that youth do not readily accept the fact that they might have a problem with substance abuse. School services need to be established to test students for chemical dependency and other problems, and make appropriate referrals.

Lee Williams emphasized that schools have an important and significant role in identifying chemical dependency among youth. Increased awareness and training for school personnel is a must. Williams stated that a chemically-dependent child now falls under the category of a "child in need of assistance" provision. The court, however, cannot actually have the child evaluated. That responsibility lies with the child's parent or guardian who, in the majority of the cases, is confused about how to get a substance abuse evaluation. For a variety of reasons, such as financial and problem denial, parents have a great deal of difficulty in actually having their children evaluated.

Williams also stated that once a problem has been diagnosed, treatment services are sometimes not being provided due to a lack of insurance coverage, unawareness of available services, or time delays caused by an over-burdened court system. He also posed the question of whether non-delinquent youth that have been diagnosed as chemically dependent should be funneled through the court system to decide who pays for treatment services.

Alvera Stern said many societal ills are a result of alcohol misuse and chemical dependency. If society attacks chemical dependency through preven-

tion and treatment strategies, a definite positive impact will also be made on child abuse, sexual abuse, delinquency and mental illness. Stern said society does not understand the inter-relationship of all of these societal ills and she encouraged an increase in awareness and research of these negative factors. Regarding statistics, Stern quoted several sources, including the 1984 Iowa Department of Substance Abuse Comprehensive State Plan for Substance Abuse and the December 1983 "Alcohol and Health," Fifth Special Report to the U. S. Congress from the Secretary of Health and Human Services. Some statistics include the following:

- 38 percent of all child abuse cases had a family involved with alcohol.
- Two out of every five family court cases involved alcoholism within the family.
- 80 percent of chemically-dependent youth in treatment have been sexually abused.
- The incidence of alcoholism among rapists is two to three times the national average.
- The chief cause of mental retardation is alcoholism and drug addiction.
- It is estimated that $49.4 billion is lost due to alcoholism with $36 billion of that figure attributed to loss of productivity.
- 60 percent of males incarcerated were drinking at the time of their crime.

Other issues that were addressed during the discussion with the audience included:

- accountability of juveniles who are convicted of OWI;
- need for evaluation and referral services for youth and the entire family unit;
- increased need for juvenile substance abuse beds for clients lacking financial resources;
- earmarking liquor profits for substance abuse prevention and treatment programs; and
- understanding the problem of chemical dependency as a disease and developing a uniform set of terms.

Alvera Stern referred to alcohol and drug abuse as perhaps the major public health problem and addressed three components of the issue of prevention:

- the agent -- alcohol and other drugs;
- the host -- the individual and family using; and
- the environment -- the institution in our society.

Primary prevention strategies involve information, education, alternative, and early intervention processes that meet identifiable needs for people from before birth to death. The best strategies involve a partnership of family, school, and community working together to bring about healthy change in the lives of all members of society.

The audience agreed on additional strategies:

- increased funding for juvenile substance abuse residential beds and prevention strategies;
- increasing the general public's awareness of the problem through public service announcements and effective information and education strategies;
- further development of volunteer substance abuse parent/community groups; and
- more effective implementation of the mandatory drug and alcohol education programs in grade schools and junior and senior high schools.

Reported by Thom Iles, Department of Substance Abuse

The Child as a Victim

Moderator:

Anne Hawkins
KCCI-TV

Panel Members:

Michael Riepe
Henry County Attorney
Mount Pleasant

George Belitsos
Executive Director
Youth and Shelter Services
Ames

Pat Busick
Helping Services of
Northeast Iowa
Dubuque

Jane Wittenwyler
First V.P., Polk County Mothers
Against Drunk Driving

Michael Riepe noted that judges and the court system can and should take the lead in assuring that juveniles get appropriate substance abuse services. He stated that society needs to look at the problem of drug and alcohol abuse as part of a family problem with the entire family being treated. As an attorney, 92 percent of all Riepe's cases have had some level of involvement of substance abuse. He also stressed that drinking as a minor is a crime and that juveniles should be made accountable for their substance abuse involvement.

Patricia Busick stated that alcoholism and/or drug addiction is an individual disease, but also produces a family syndrome. Children in families with the alcoholism syndrome are generally ignored while all of the attention is directed to the chemically-dependent parent. Busick said that in a recent published study of children of alcoholic parents (compared to a control group of children whose parents were considered disadvantaged but not alcoholics), the following statistics were included:

- Three times as many children of alcoholics had to be placed in foster homes.
- Twice as many married under the age of 16.
- Juvenile delinquency was higher (31 to 50 percent).
- Twice as many were mentally ill (11 to 21 percent).
- Suicides were attempted by some children of alcoholics but not by those of the disadvantaged.

Children of alcoholics grow up to be adult children of alcoholics who:

1. Guess at what normal is.
2. Have difficulty following projects through from beginning to end.
3. Lie when it would be just as easy to tell the truth.
4. Judge themselves without mercy.
5. Have difficulty having fun.
6. Take themselves very seriously.
7. Have difficulty with intimate relationships.
8. Overreact to change over which they have no control.
9. Feel different from other people.
10. Constantly seek approval and affirmation.
11. Are either super responsible or super irresponsible.
12. Are extremely loyal even in the face of evidence that the loyalty is undeserved.
13. Look for immediate as opposed to deferred gratification.
14. Lock themselves into a course of action without giving serious consideration to alternate behaviors or possible consequences.
15. Seek tension and crisis and then complain about the results.
16. Avoid conflict or aggravate it; rarely do they deal with it.
17. Fear rejection and abandonment, yet are rejecting of others.
18. Fear failure, but sabotage their success.
19. Fear criticism and judgment, yet they criticize and judge others.
20. Manage their time poorly and do not set their priorities in a way that works well for them.

George Belitsos stated that alcohol and drug abuse is the common thread between the social ills of juveniles, including child and sexual abuse, crime and delinquency, homicides, suicides and auto accidents. Government figures show alcohol as a factor in more than 66 percent of the nation's homicides, 50 percent of its rapes, up to 70 percent of its assaults, 80 percent of its suicides and 50 percent of its traffic deaths.

Belitsos pointed to a 1978 study that stated that among adult prisoners in State of Iowa institutions, 72 percent reported a history of drug and alco-

hol abuse. More than half said they were using drugs or alcohol at the time of arrest. Of those youngsters admitted to Eldora and Mitchellville, 60 percent had a moderate to severe drug or alcohol problem, or both. Beyond that, 85 percent of the juvenile residents questioned indicated that they had used illegal drugs, and 92 percent had used alcohol. They most frequently gave the age of 12 as the year when their first alcohol or drug use occurred outside the home.

Seventy-eight percent of all juvenile justice system clients were identified as substance abusers. Belitsos also said that 80 percent of the chemically dependent adolescent girls at the Youth and Shelter Services program, had been sexually or physically abused. He concluded that substance abuse was the overriding common thread among "children in jeopardy."

Jane F. Wittenwyler said children can be victims of drunk driving in two ways: they can be killed or injured; or their parents or guardians can be killed or injured.

Wittenwyler pointed out that statistics show that drunk driving is the most often committed violent crime in the nation. Drunk driving crashes are the leading cause of death of children and the principle cause of quadraplegia, paraplegia and epilepsy. One out of every 60 children born today will die in an alcohol-related crash and three will be gravely injured before their 20th birthday. Of the children born in the last decade, one out of two will be involved in an alcohol crash in their lifetime. Teenagers are 2½ times more likely to become involved in a fatal crash than adults. Wittenwyler said that 48 percent of all fatal alcoholic crashes in Iowa involved 16- to 24-year-olds, a group which comprises only 21 percent of the licensed population.

STRATEGIES

Strategies that were generated as a result of the discussion include:

- increased awareness and education of the general public about the true nature and magnitude of the substance abuse problem;
- further development and establishment of effective, aggressive, anti-drunk driving citizen activist groups and volunteer parent/community substance abuse groups;
- more effective use of the media to increase awareness of the problem;
- increased funding for juvenile prevention and treatment services for substance abuse; and
- implementation of school alcohol and drug education programs, especially at the grade school levels.

Reported by Thom Iles, Department of Substance Abuse

Summary Impressions

The Honorable Leo E. Oxberger, Chief Judge, Iowa Court of Appeals

As you enter Iowa from any direction on our major highways you are confronted with a sign showing the outline of the state and the words "Iowa, a Place to Grow." Iowans have long been proud of the fact that our surroundings promote health and growth of crops, and that it is a safe and protective place for children to grow. Increasingly, though, we have become aware that for many of our children Iowa is a place to languish not to grow.

We sometimes hope there is an invisible wall around our state keeping out the growing pressures and threats to our young ones, but the headlines tell a different story. We read of children shoved into boxes, sexually, physically and emotionally abused by those we trust to care for them, and of the startling disappearance of newspaper carriers. Even an institution Iowans have pointed to with pride - the Iowa School for the Deaf - has not escaped the cloud we see on our children's horizon.

When you and I were children, we thought nothing of walking to grade school. Now we are afraid to let our children walk to school alone or play in the backyard without supervision. In school they are taught how to avoid kidnappings and sexual assaults, and we have them fingerprinted soon after they learn to talk. The world of our children is shrinking and it seems there are more and more threats to their very existence. A danger exists that Iowa's place to grow, like other parts of the country, will turn into isolated prisons for our children.

One of the most touching traits of a child is his or her complete trust in us. They look to us to protect them and to know what to do. It is that unwaivering confidence that awakens in any person who is a parent or deals with children an instinct to tackle any threat to their well-being. That is why we're here. This conference has been the only gathering of its kind, and it is the beginning of action to break down the bars that create prisons for our children.

Grinding poverty, hunger and illness are three bars creating prisons that threaten to enclose our children. We tackle those problems in our workshops on Food, Nutrition and Health Needs and on Women and Children in Poverty.

With the average age of drug experimentation at fourteen and not only teenagers but grade school children found to be alcoholics, drug addiction threatens to warp any meaningful life for our children at a tender age. We addressed this problems in substance abuse workshops.

There is hardly a day that physical, emotional and sexual abuse of children isn't reported in the papers. Child abuse workshops and panels handled the potential solutions and weapons to be used on behalf of children.

Our fifth major topic, public safety of children, frightens all of us who care about children. It poses a seemingly increasing threat to their very existence.

Organizing this meeting was the first step in getting a handle on the problem. We began with Iowa's number one citizen responding to the greatest call of his office - leadership on behalf of the least powerful amongst us, our children. There are issues more politically rewarding in the short haul, but none more meaningful for the future of this state than helping our children in jeopardy. I commend the Governor for his vision.

The second step is to decide what to do. For that we need not just the public sector, but the private sector as well. We must join hands to systematically analyze the problem of children in jeopardy and to develop strategies to address those problems.

The third and final step we must take is to put our blueprint into action. Don't let it end with a panel or a discussion. Pooling of resources, ideas and time must continue. We must implement our ideas.

Some of the suggestions presented here might sound general. Others appear more specific. Each can be applied in our individual communities. There are four types of positive action each of us can take.

We can donate money to these programs. With over $2 billion spent treating abuse each year, it makes sense to spend our money to stop the trauma before it happens. Our children are one of the best investments we can make.

We can donate our time. Professionals can do only so much. With resources as limited as they are, volunteers can be the backbone of a program.

We can educate ourselves and our children about the problems and solutions.

We can encourage support for these programs, through our schools, as parents and members of the PTA, through our legislators, and through individual efforts in telling our friends and enlisting their support.

Don't be overwhelmed by the vastness of the problem that has been presented to us today. Pick out a topic and become more informed about it. Zero in on it, and go to work. An example of a good program is the one at Phillips School in Des Moines where there was a mobilization of volunteers to prevent the kidnapping of children going to and from school. That's an example of what individuals can do. There are many, many more.

The thought I want to leave with you is that there is something all of us can do. We are not helpless against these growing threats. We have the power to make changes.

Our children are dependent on us. It is up to us to make Iowa a place to flourish.

Appendix - Participants

Nola Aalberts, Director
Homemaker/Home Health Aid Section
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319

Rosemary Abbott, R.N.
2408 47th Street
Des Moines, IA 50310

Charles Abel
Associate Director of
Social Work
The University of Iowa
University Hospital School
327 Hospital School
Iowa City, IA 52242

Joan Abrahamson
Jefferson Institute
New York, NY

Timothy J. Acton, President
Iowa Chapter, NCPCA
507 10th - Suite 401
Des Moines, IA 50309

Marvin Adams
Lobbyist
3402 49th Street
Des Moines, IA 50310

Phyllis Adams
4780 Asbury Court Place
Dubuque, IA 52001

Rick Ahlstrom
Cedar Falls Police Department
220 Clay Street
Cedar Falls, IA 50613

Robert Aldrich, M.D.
5101 Northeast 41st Street
Seattle, WA 98105

Randall Alexander
Assistant Professor
Pediatrics
The University of Iowa
142B Hospital School
Iowa City, IA 52242

Neil Allen, Director
Family Therapy Unit
State Training School
Eldora, IA 50627

Ted Anderson
UAW Local 838
515 Rainbow Drive
Waterloo, IA 50701

Rev. Ellis Andrews
403 E. North Street
Bloomfield, IA 52537

Donald A. Arnold, Vice President
Corporate Relations
Meredith Corporation
Locust at 17th
Des Moines, IA 50336

Representative Robert C. Arnould
2126 Brown Street
Davenport, IA 52804

Alice Atkinson
Assistant Professor
Home Economics
The University of Iowa
206 Macbride Hall
Iowa City, IA 52242

Lynn Avant
Ames-Gilbert United Way
408½ Douglas
Ames, IA 50010

John Ayers
615 North Shore Drive
Clear Lake, IA 50428

Vada Babcock
Coordinator, State Health Plan
Office of Health Planning &
Development
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319

Michelle Bailey
Youth Emergency Service
921 Pleasant
Des Moines, IA 50309

Barbara Baker, R.N.
2145 Madison
Burlington, IA 52601

Candee Bakke
Iowa Department of
Transportation
Ames, IA 50010

Rebecca Banks
4300 Westown Parkway
West Des Moines, IA 50265

Mary Barakat
Junior League
13465 N.W. 29th
West Des Moines, IA 50265

Tim Barber Lindstrom
Program Manager
Iowa Dept. of Human Services
Protective Services
Hoover State Office Bldg.
Des Moines, IA 50319

Jay Barfels
District Administrator
Davenport District
Iowa Dept. of Human Services
428 Western Avenue - Third Floor
Davenport, IA 52801

Sheryl Barta
Department of Public Instruction
Grimes State Office Bldg.
Des Moines, IA 50319

Larry Bartlett
Administrative Consultant
Department of Public
Instruction
Grimes State Office Building
Des Moines, IA 50319

Bill Bean, Chief
Educational Equity Section
Department of Public
Instruction
Grimes State Office Building
Des Moines, IA 50319

Jean Becker
Assistant Dub. C. Attorney
Dubuque County Court House
720 Central Avenue
Dubuque, IA 52001

Lois Beh
Iowa PTA
1600 Casady Drive
Des Moines, IA 50317

George Belitsos
Executive Director
Youth & Shelter Services
217 - 8th Street
Ames, IA 50010

Ray Blase
Polk Co. Attorney's Office
500 Mulberry
Des Moines, IA 50309

Jeanne Bleadorn
1917 - 47th Street
Des Moines, IA 50310

BEST COPY AVAILABLE

Beverly Blessing
Public Relations
Equitable Life of Iowa
604 Locust Street
Des Moines, IA 50309

Dominic Bonanno, Principal
Phillips Traditional School
1701 Lay Street
Des Moines, IA 50317

Margaret Borgen
Iowa Parent Teachers Association
2504 Forest Drive
Des Moines, IA 50312

Joyce Borgmeyer
Program & Planning Administrator
Division of Personal and Family Health
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319

Marguerite Boss
412 Shops Building
Des Moines, IA 50309

Harry Braafhart
Safety Manager
The Des Moines Register
P.O. Box 956
Des Moines, IA 50304

Carol Bradley
Administrative Consultant
Iowa Department of Public Instruction
Grimes State Office Building
Des Moines, IA 50319

JoAnn Bradley
Child Abuse Prevention Council
of Delaware County
c/o Operation: New View
222 South Franklin Street
Manchester, IA 52057

Kathryn Bradley, Manager
Mid-Iowa Health Foundation
550 - 39th Street
Suite 104
Des Moines, IA 50312

Bernessa Brannon
926 Oakridge Drive
Bldg. 126, Apt. 21
Des Moines, IA 50314

Jerry Bretey
Station Manager
KGLO
P.O. Box 1300
341 Yorktown Pike
Mason City, IA 50401

Rachel Brown
Iowa Dept. of Transportation
Ames, IA 50010

Wayne Bruce
AEA 9
2604 N. 4th Street
Clinton, IA 52732

Senator Charles Bruner
4625 Westbend Drive
Ames, IA 50010

Dr. Richard Budensiek
Morningside Mercy Medical Park
4545 Sargent Rd.
Sioux City, IA 51106

Geri Bugg
Cooperative Child Care Services
127 Sumner
Ames, IA 50010

Mary Ann Burk
375 Derbyshire
Waterloo, IA 50701

Rebecca Burke
Commission on Status of Women
507 - 10th Street
Des Moines, IA 50319

Kaye Burrows
C.R. Jr. League
2015 4th Avenue SE
Cedar Rapids, IA 52403

Pat Busick
Helping Services of Northeast
Iowa
Substance Abuse Services Center
Nesler Centre, Suite 320
Town Clock Plaza
Dubuque, IA 52001

Colleen Butler, R.N.
Community Health Care Clinic
428 Western Avenue
Davenport, IA 52801

Robert Campbell
521 East Prospect
Manchester, IA 52057

Mike Capps
Burlington Police Dept.
412 Valley
Burlington, IA 52601

Dwight Carlson, Director
School Transportation and
Safety Education
Department of Public
Instruction
Grimes State Office Building
Des Moines, IA 50319

Marcia Carmichal
Route #1
Sigourney, IA 52591

Dorothy Carpenter
7 Larchwood Court
Newton, IA 50208

Representative Dorothy Carpenter
1100 - 24th Street
West Des Moines, IA 50265

Nina Carran
Department of Public Instruction
Grimes State Office Bldg.
Des Moines, IA 50319

Patrick Cavanaugh
Deputy Commissioner
Iowa Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

Ei Soon Cho
Associate Professor
Home Economics
The University of Iowa
22 Macbride Hall
Iowa City, IA 52242

Kas Christensen
2916 Sherry Lane
Des Moines, IA 50322

Franco Chua
312 East Main Street
Marshalltown, IA 50158

Representative Betty Jean Clark
R.R. 2, Box 12
Rockwell, IA 50469

Diane Clark
Nutrition Section
Division of Personal and Family
Health
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319

Dixie Clark
District Administrator
Cedar Rapids District
Iowa Dept. of Human Services
Iowa Building - Sixth Floor
221 Fourth Avenue, S.E.
Cedar Rapids, IA 52401

Molly Claus
Junior League
13465 N.W. 29th Drive
West Des Moines, IA 50265

James Cleary
Director of Law Related
Education and Associate
Professor of Law
Drake University
25th and University Avenue
Des Moines, IA 50311

Margaret Clifford
Professor
Educational Psychology
The University of Iowa
362 Lindquist Center
Iowa City, IA 52242

Carol Clift
Volunteer Director
Iowa Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

Carol Coates
Iowa Dept. of Transportation
Ames, IA 50010

BEST COPY AVAILABLE

Anthony Cobb, Assistant Director
Iowa Commission for the Blind
4th & Keosauqua Way
Des Moines, IA 50309

Anne Cohn, D.P.H.
Executive Director
National Committee for the
Prevention of Child Abuse
332 South Michigan Avenue
Suite 1250
Chicago, IL 60604 4357

Kathleen Colburn
Chief of Administration
Iowa Department of Substance
Abuse
Suite 202, 505 Fifth Avenue
Des Moines, IA 50319

LuJean Cole
Community Investment Manager
Pioneer Hi-Bred International
Capitol Square
400 Locust, Suite 700
Des Moines, IA 50309

Kathi Conger
Iowa State University
Child Development Bldg.
Room 1
Ames, IA 50011

Rand Conger
Iowa State University
126 McKay Hall
Ames, IA 50011

Ed Conlow
House Democratic Caucus
State Capitol
Des Moines, IA 50319

Joy Corning
516 West Eighth
Cedar Falls, IA 50613

Sedahlia Crase
Department of Child Development
Iowa State University
Ames, IA 50011

Pete Crivaro
Mayor, City of Des Moines
City Hall
East 1st and Locust
Des Moines, IA 50307

Kermit Dahlen, Exec. Director
Gordon Chemical Dependency Center
2700 Pierce Street
Sioux City, IA 51104

Professor Paula Dail
Home Economics
University of Northern Iowa
Cedar Falls, IA 50614

Kathy Davis

Evelyn Davis, Director
Tiny Tot Child Care, Inc.
1325 West 16th
Des Moines, IA 50314

Mary Davis
Drake University
25th & University
Des Moines, IA 50311

Barb Dietrick
Senate Republican Staff
State Capitol
Des Moines, IA 50319

Denver Dixon
Cedar Rapids Gazette
P.O. Box 511
Cedar Rapids, IA 52406

Sharon Dobson
Rathbun Area Health Services
Centerville, IA 52545

John Dolan
Investigation Services
2801 Fleur
Des Moines, IA 50321

Mary Ann Dolan, Chairperson
Board of Supervisors
Cedar County Courthouse
Tipton, IA 52772

Linda Doumas
1225 East 12th Street
Des Moines, IA 50316

Richard Doyle, Ph.D.
Assistant Superintendent of Schools
Elementary Division
317 Columbus Drive
Marshalltown, IA 50158

Alice Drexler
Public Health Nurse
Cedar County Courthouse
Tipton, IA 52772

Anne G. Duffe
Project Coordinator
Crisis Intervention Service
22 North Georgia, 3rd Floor
Mason City, IA 50401

James M. Earley, President
Hawkeye Bank & Trust of
Des Moines
2401 University Avenue
Des Moines, IA 50311

Ronald D. Eckoff, M.D., M.P.H.
Chief
Division of Community Health
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319

Peter B. Edelman
Georgetown University
Law Center
600 New Jersey Ave. N.W.
Washington, D.C. 20001

Rusty Edwards
2833 Forest Drive
Des Moines, IA 50312

Monica Eischen, Director
Health Education Risk Reduction
Division of Disease Prevention
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319

Mary Ellis, Director
Iowa Department of Substance Abuse
Suite 202, Insurance Exchange Bldg
505 Fifth Avenue
Des Moines, IA 50319

Julius Erlenbach, Dean
Drake University
College of Fine Arts
25th and University Avenue
Des Moines, IA 50311

Ann Ernst, Ph.D.
1000 Langworthy
Dubuque, IA 52001

Margaret Everhart
South Central Youth & Family
Services
Box 191
Knoxville, IA 50138

Lawrence Fanning
Associate Professor of
Education
Drake University
25th and University Avenue
Des Moines, IA 50311

Kathy Farrell
Adams PTA
4128 E. 24th Court
Des Moines, IA 50317

Hal Farrier
Department of Corrections
Jewett Bldg.
Des Moines, IA 50319

Marvin Fellers
Associate Dean/Professor of
Education
Drake University
25th and University Avenue
Des Moines, IA 50311

Lonna Field
1608 N.W. 100th Place
Des Moines, IA 50322

Janet Figg
Senior Foods Writer
Meredith Corporation
1716 Locust St.
Des Moines, IA 50312

Lloyd J. Filer, M.D.
Pediatrics
University of Iowa
University Hospitals
Iowa City, IA 52242

Sergeant Frank Fisher
Division of State Patrol
Wallace Building
Des Moines, IA 50319

Tarra Fitzpatrick
YWCA
Cedar Rapids, IA 52043

Sue Follon
Executive Director
Commission on the Status of Women
507 - 10th Street
Des Moines, IA 50319

Donna Ford
RSVP Director
719 12th Street
Belle Plaine, IA 52208

Karen Ford
Food Bank of Central Iowa
2600 Delaware
Des Moines, IA 50317

Mary Fulton

Rachel Fulton
141 Hillcrest Road
Waterloo, IA 50701

Julie Gannack
Des Moines Register
P.O. Box 957
Des Moines, IA 50304

James Gannon, Editor
Des Moines Register
P.O. Box 957
Des Moines, IA 50304

Joan Gannon
5320 Robertson Drive
Des Moines, IA 50312

Katie Gibson
Iowa Arts Council
Executive Hills East
1223 E. Court
Des Moines, IA 50319

Robert Gibson
Heartland AEA
1932 SW Third
Ankeny, IA 50021

Tim Gibson
Iowa Medical Society
1001 Grand
West Des Moines, IA 50265

Professor Andy Gilpin
Psychology
University of Northern Iowa
Cedar Falls, IA 50614

Carmen Gioiello
Council Bluffs Schools
207 Scott Street
Council Bluffs, IA 51501

Josephine Gittler, J.D.
National Maternal & Child
Health Resource Center
College of Law
University of Iowa
Iowa City, IA 52240

Diane Glass
Promotion Director
Des Moines Register
P.O. Box 957
Des Moines, IA 50304

Edythe Glass
Department of Child Development
Iowa State University
Ames, IA 50011

Tom Glenn
So. Central IFL-AFL-CIO
2000 Walker
Des Moines, IA 50317

Christie Goggin
West Pottawattamie County
Extension Service
Council Bluffs, IA 51501

John Goodrich, D.D.S., Chief
Division of Personal and Family
Health
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319

Liz Goodwin
Des Moines PTA Council
818 Polk Blvd.
Des Moines, IA 50317

Corrine Graham
Girl Scouts
10715 Hickman Road
Urbandale, IA 50322

Sharon Sinclair Graham
Homemaker Home Health Aide
Supervisor
Iowa Children's and Family Service
1101 Walnut
Des Moines, IA 50309

Jan Griffith

Roy Grote
Boys/Girls Club
1350 E. Washington Avenue
Des Moines, IA 50316

Ron Gustafson
Division of Criminal Investigation
Wallace State Office Bldg.
Des Moines, IA 50319

A. Guthrie
217 A Avenue South
Mt. Vernon, IA 52314

Nancy Hall, Associate Editor
Better Homes and Gardens
Locust at 17th
Des Moines, IA 50336

Betty Hamilton
Assistant to Commissioner
Commissioner's Office
Iowa Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

Representative Johnie Hammond
3431 Ross Road
Ames, IA 50010

Mike Hammes, Executive Director
Cedar Valley Health Plan
2605 University Avenue
Waterloo, IA 50701

Ginny Hancock
Jr. League
4324 Woodland Avenue
Des Moines, IA 50312

Almo Hawkins
Aid to the Governor
% Governor's Office
State Capitol
Des Moines, IA 50319

Anne Hawkins
KCCI - TV
9th & Pleasant
Des Moines, IA 50309

Pam Hayes, Director
Family & Children's Council
Community Services Building
2530 University Avenue
Waterloo, IA 50701

Pat Hendrickson
Chief Juvenile Probation
Officer
Scott County Courthouse
Bicentennial Building
428 Western
Davenport, IA 52801

Jim Hennessey, Administrator
Iowa Dept. of Human Services
Individual & Family Support &
Protective Services Unit
Hoover State Office Bldg.
Des Moines, IA 50319

Representative Donald Hermann
1610 Elmwood Avenue
Bettendorf, IA 52722

Don Herman
Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

Louise Herndon
5127 Pleasant
Des Moines, IA 50312

Margaret Hess
Youth & Shelter Services
232½ Main
Ames, IA 50010

Betty Hiatt
Society League Against
Molestation
2934 Dean
Des Moines, IA 50317

Joe Hladky, Publisher
Cedar Rapids Gazette
Cedar Rapids, IA 52401

Lois Hoffman
Box 7161
Grand Station
Des Moines, IA 50309

Jean Hockman
Dubuque/Jackson County
Mental Health Center
Mercy Drive
Dubuque, IA 52001

Hector Hogue
Iowa Dept. of Transportation
Ames, IA 50010

Rosemary Holland
825 West Euclid
Des Moines, IA 50313

Julie Holm
Harold Hughes Center
600 E. 14th
Des Moines, IA 50316

Jack Holveck
State Representative
House District 84
2203 34th Street
Des Moines, IA 50310

Julie Houghton
Cedar Rapids Jr. League
510 Vernon Drive SE
Cedar Rapids, IA 52403

Irene Howard
Human Resources Director
Story County Court House
Nevada, IA 50201

James Hoy
Superintendent
State Training School
Iowa Dept. of Human Services
Eldora, IA 50627

Kathy Hughes
St. Lukes Hospital
1026 A Avenue NE
Cedar Rapids, IA 52400

E. Keith Hyde
Des Moines Public Schools
Des Moines, IA 50312

Thom Iles
Communications Manager
Iowa Department of Substance
Abuse
Suite 202, 505 Fifth Avenue
Des Moines, IA 50319

Chris Ill, Chief
Iowa Dept. of Human Services
Bureau of Collections
Hoover State Office Bldg.
Des Moines, IA 50319

Babs Jackson, Chief
Iowa Dept. of Human Services
Bureau of Plan Development
Hoover State Office Bldg.
Des Moines, IA 50319

Larry Jackson
Deputy Commissioner
Iowa Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

J.C. Jamelson, Ph.D.
Associate Director
Department of Psychiatry
Broadlawn's Medical Center
18th and Hickman Road
Des Moines, IA 50314

Reverend Ida James
Bethel AME Church
1528 East University Avenue
Des Moines, IA 50316

John James, President
Farm Information Management Services
Pioneer Hi-Bred International, Inc.
5721 Merle Hay Road
P.O. Box 247
Johnston, IA 50131

Pamela Jeffries
Iowa Methodist School of
Nursing
12th and Pleasant
Des Moines, IA 50309

John Jennewein
Johnson County Dept. of Human Services
911 North Governor
Iowa City, IA 52240

Dale Jensen, Director
Northern Trails Area Education
Agency
P.O. Box M
Clear Lake, IA 50428

Suzette Jensen
3127 Thompson Avenue
Des Moines, IA 50317

Leonard Jentz
Cedar Rapids Gazette
P.O. Box 511
Cedar Rapids, IA 52406

Charles S. Johnson
Vice President/Finance, Treasurer
Pioneer Hi-Bred International, Inc.
700 Capital Square
400 Locust
Des Moines, IA 50309

Karen Johnson
314 North 26th Place
Fort Dodge, IA 50501

Larry Johnson, Managing Editor
Fairfield Daily Ledger
112 East Broadway
Fairfield, IA 52556

Professor Pat Johnson
Rural Route 2, Box 120
Decorah, IA 52101

Jill June
Family Planning Council
of Iowa
3500 2nd Avenue, Suite 6
Des Moines, IA 50313

Delphine Justin
1003 Meadow Lake Drive
Mason City, IA 50401

John C. Justin
1003 Meadow Lake Drive
Mason City, IA 50401

Paul Kabarec, Consultant
Health, Physical Education
and Recreation
Department of Public
Instruction
Grimes State Office Building
Des Moines, IA 50319

Dan Kaercher
Better Homes & Gardens
1716 Locust Street
Des Moines, IA 50336

Marlie Kasemeier
District Administrator
Waterloo District
Iowa Dept. of Human Services
Third Floor, KWWL Bldg.
500 East Fourth Street
P.O. Box 2635
Waterloo, IA 50704

Bob Keane
FBI
1501 42nd Street
West Des Moines, IA 50265

Larry Keele, Director
Special Education
Southern Prairie AEA
Ottumwa Industrial Airport
Bldg. 40, R.R. 5, Box 55
Ottumwa, IA 52501

Lyle Kelley, Psychologist
Professor, Waldorf College
Forest City, IA 50436

Leo Kessler
McFadden Funeral Home
515 South Division
Audubon, IA 50025

William C. Ketch
District Administrator
Des Moines District
Iowa Dept. of Human Services
3619½ Douglas Avenue
Des Moines, IA 50306

Toby Kid
626 10th Street
Ames, IA 50010

Jane Kieler, Planning Staff
United Way of Central Iowa
700 6th Avenue
Des Moines, IA 50309

BEST COPY AVAILABLE

Forrest Kilmer, Editor-in-Chief
Quad City Times
P.O. Box 3828
Davenport, IA 52808

Gary King
IDSA
Insurance Exchange Bldg.
Des Moines, IA 50319

Kay King, Director of Consumer/
Government Relations
Northwestern Bell
909 High Street
Des Moines, IA 50309

Robert King
Chairman, Central Advisory Board
503 S.W. Emma Avenue
Des Moines, IA 50315

Professor Gloria Kirkland
University of Northern Iowa
Cedar Falls, IA 50614

Michael M. Knapp, Director
Grin & Grow, Ltd.
East Park and Franklin Streets
Waterloo, IA 50703

Beverly Kukowski
Associate Professor/P.E.
Drake University
25th and University Avenue
Des Moines, IA 50311

Jane Kvetko
Simpson College
703 West Ashland
Indianola, IA 50125

Henryka Lampert
Iowa Dept. of Transportation
Ames, IA 50010

John Landess
Vice Chair/Planning & Allocations
United Way of Central Iowa
700 - 6th Avenue
Des Moines, IA 50309

JoAnn Lane
814 Prospect Blvd.
Waterloo, IA 50701

Myrna Langerud
Council on Human Services
304 S. 4th Ave., East
Lake Mills, IA 50450

Michael Lashbrook
Cedar Falls Police Department
Cedar Falls, IA 50614

Vivian Lawyer, Attorney
Youth Law Center Board of
Directors
5831 N. Waterbury Road
Des Moines, IA 50312

Tom Lazio, Executive Director
American Home Finding Association
317 Vanness Avenue
Ottumwa, IA 52501

Dave Leach
1305 E. Leach
Des Moines, IA 50315

Chiquita Lee
3011 High Street
Des Moines, IA 50312

Bill Leonard
Editorial Writer
Des Moines Register
P.O. Box 957
Des Moines, IA 50304

Nicholas J. Long, Ph.D.
American University
Massachusetts & Nebraska Aves. N.W.
Washington, DC 20016

Howard Lord
United Methodist Church
410 Garfield
Box 218
Gladbrook, IA 50635

Dean Luxford
Superintendent
Iowa Juvenile Home
Iowa Dept. of Human Services
Toledo, IA 52342

Kathy Mabie
Iowa Criminal & Juvenile
Justice Planning Agency
Lucas State Office Bldg.
Des Moines, IA 50319

Barbara Mack, General Counsel
Des Moines Register
P.O. Box 957
Des Moines, IA 50304

John MacQueen, M.D.
Pediatrics
University of Iowa
University Hospitals
Iowa City, IA 52242

Jack Manders
Drake University
25th & University
Des Moines, IA 50311

Edmund Marsh
Burlington Police Department
412 Valley
Burlington, IA 52601

Rosemary Marshall
Mercy Hospital
Des Moines, IA 50314

Don Martin
1905 Frazier Avenue
Des Moines, IA 50315

Sue Martin
1905 Frazier Avenue
Des Moines, IA 50315

Janice Martin
4212 Avenue Frederick M.
Hubbell
Des Moines, IA 50317

John Martin, Director
Instruction and Curriculum
Department of Public
Instruction
Grimes State Office Building
Des Moines, IA 50319

Willie Martin
Girl Scouts
10715 Hickman Road
Urbandale, IA 50322

Dean Myron Marty
Drake University
College of Liberal Arts and
Sciences
25th and University Avenue
Des Moines, IA 50311

Susan Mason
Polk County Interfamily
Sexual Abuse Program
Polk County Victim Services
1915 Hickman Road
Des Moines, IA 50314

Bill Maurer
Health Department
Lucas State Office Bldg.
Des Moines, IA 50319

Professor Charles May
Curriculum and Instruction
University of Northern Iowa
Cedar Falls, IA 50614

R. J. Mc Burney
Associate Director, Personnel
Bankers Life
711 High
Des Moines, IA 50307

Mary Faber McCann
Green Valley AEA
907 W. Townline Road
Creston, IA 50801

Professor James McCullagh
Social Work
University of Northern Iowa
Cedar Falls, IA 50614

Helen McDonald
Youth Law Center, Inc.
405 Shops Building
800 Walnut
Des Moines, IA 50309

Carolyn McNurlen
Associate Feature Editor
Better Homes and Gardens
Locust at 17th
Des Moines, IA 50336

Lew McNurlen
Professor of Sociology
Drake University
25th and University Avenue
Des Moines, IA 50311

Jean Mehle
Drake University
25th & University
Des Moines, IA 50311

BEST COPY AVAILABLE

Frances Melvold
P.O. Box 1150
Maquoketa, IA 52060

John Miksich
Circulation Director
Des Moines Register
P.O. Box 957
Des Moines, IA 50304

Frances Mills
226 Alta Vista
Waterloo, IA 50703

Ken Mills
Licensure Inspector
Iowa Department of Substance Abuse
Suite 202, 505 Fifth Avenue
Des Moines, IA 50319

Jean Miner
Finley Hospital
350 N. Grandview
Dubuque, Iowa 52001

Betty Minor
Director, Head Start
Drake University
25th and University Avenue
Des Moines, IA 50311

James E. Mitchell, Ph.D.
Deputy State Superintendent
Department of Public Instruction
Grimes State Office Building
Des Moines, IA 50319

Andrew Mooney
President
Greater Des Moines Chamber of Commerce Federation
800 High Street
Des Moines, IA 50307

Cynthia Moore
Marshalltown Hospital
3 South 4th Avenue
Marshalltown, IA 50158

Ronald Moore
c/o Janice Martin
4212 Ave. Frederick M. Hubbell
Des Moines, IA 50317

Richard Moore, Program Manager
Family Centered Services
Iowa Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

Joy Moravec, Director
Des Moines Christian Preschool and Day Care
4801 Franklin
Des Moines, IA 50310

Jean Morgan
309 W. 15th Street North
Newton, IA 50208

Professor Karen Morgan
Home Economics
University of Northern Iowa
Cedar Falls, IA 50614

Michael Moskal, D.O.
Department of Pediatrics
University of Osteopathic Medicine and Health Sciences
3200 Grand
Des Moines, IA 50312

William Moulder, Chief
Des Moines Police Department
East 1st and Court
Des Moines, IA 50317

LuAnn Mowrey
Carroll County Council for Prevention of Child Abuse
227 S. East Street
Carroll, IA 51401

Marcia Mullikin
Family and Children's Council of Black Hawk County
2530 University Avenue
Waterloo, IA 50701

Representative Sue Mullins
Prairie Flat Farms
Corwith, IA 50430

Ruth Mund
St. Wenceslaus Day Care Center
400 Third Avenue SE
Cedar Rapids, IA 52407

Laura Murphy
House Republican Caucus Staff
State Capitol Bldg.
Des Moines, IA 50319

Marilyn Murphy
IDSA Commissioner
10 Blackstone
Sioux City, IA 51104

Donna Myers
ACES
1425 Woodland - Upper Level
Des Moines, IA 50309

Kay Myers, Director
Iowa Nurses' Association
215 Shops Building
Des Moines, IA 50309

Lisa Nakashima
Girl Scouts
10715 Hickman Road
Urbandale, IA 50322

Jeanne Nesbit, Chief
Iowa Dept. of Human Services
Bureau of Policy Coordination
Hoover State Office Bldg.
Des Moines, IA 50319

Nancy A. Norman, Director
Iowa Commission for the Blind
4th and Keosauqua Way
Des Moines, IA 50309

Clair Odell
P.O. Box 464
Fairfield, IA 52556

Michael Oelrich, Director
Center for Alcohol & Drug Services
1523 South Fairmont
Davenport, IA 52802

Mary Olson
Parent Share and Support
112 Jefferson
West Union, IA 52175

Norm Ostbloom
Iowa Chapter, National Council for Prevention of Child Abuse
3701½ Douglas Avenue
Des Moines, IA 50310

Roz Ostendorf
Interfaith Human Needs Council
P.O. Box 2311
Des Moines, IA 50311

John R. Owens
District Administrator
Ottumwa District
Iowa Dept. of Human Services
226 West Main, Fourth Floor
P.O. Box 899
Ottumwa, IA 52501

The Honorable Leo E. Oxberger
Chief Judge
Court of Appeals
Capitol Building
Des Moines, IA 50319

Dianne L.D. Paca, Vice President
State Board of Public Instruction
R.R. 2, Box 44
Garner, Iowa 50438

Eleanor Paladino
Iowa PTA
412 Shops Bldg.
Des Moines, IA 50309

Charles Palmer
Deputy Commissioner
Iowa Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

Elizabeth Patterson
Department of Human Services
Word Processing
Hoover State Office Bldg.
Des Moines, IA 50319

Barbara Paulding
Phone-A-Friend
Suite 420
Nesler Centre
Dubuque, IA 52001

Norman L. Pawlewski
Commissioner of Public Health
Iowa State Department of Health
Lucas State Offie Building
Des Moines, IA 50319

BEST COPY AVAILABLE

Rita Paxson
Gerald of Iowa Schools
RR 2
Mason City, IA 50401

Richard Peebler, Dean
Drake University
College of Business Administration
25th and University Avenue
Des Moines, IA 50311

Terry Penniman, Ed.D.
Executive Director
Convalescent Home for Children
5900 Pioneer Parkway
Johnston, IA 50324

Dick Peters
Iowa PTA
412 Shops Bldg.
Des Moines, IA 50309

Robert Peters
District Administrator
Sioux City District
Iowa Dept. of Human Services
808 - Fifth Street
P.O. Box 717
Sioux City, IA 51102

Karen Petersen
Assistant Professor of
Sociology
Drake University
25th and University Avenue
Des Moines, IA 50311

Virginia Petersen
Polk County Comptroller's Office
Polk County Administrative
Offices Bldg.
Second & Court
Des Moines, IA 50309

Barry Petrowsky
Hubbell Realty Company
205 Hubbell Bldg.
Des Moines, IA 50309

Kirk Phillips, Chair
Priorities Committee
Health Policy Corporation
300 Carriers Building
Des Moines, IA 50309

Madge Phillips, Executive Director
Linn County Health Center
400 Third Avenue, SE
Cedar Rapids, IA 52401

Judy Pirnot, PSA Director
KCBR-TV
5160 Park Avenue
Des Moines, IA 50321

Roy Pitkin, M.D.
Obstetrics & Gynecology
University of Iowa
University Hospitals
Iowa City, IA 52242

George Pratt, Director
United Way of Iowa
700 6th Avenue
Des Moines, IA 50309

Paula Pressley
Young Women's Resource Center
416 12th Street
Des Moines, IA 50309

John Preston
AEA 7
1516 Washington Street
Waterloo, IA 50702

John B. Rabun, Jr.
Deputy Director
National Center for Missing
and Exploited Children
1835 K Street N.W.
Washington, DC 20006

Richard R. Ramsey
Executive Director
Iowa Criminal & Juvenile
Justice Planning Agency
Lucas State Office Bldg.
Des Moines, IA 50319

Jane Rankin
Assistant Professor of
Psychology
Drake University
25th and University Avenue
Des Moines, IA 50311

Diane Rattner
St. Lukes Hospital
1026 A Avenue NE
Cedar Rapids, IA 52402

Michael V. Reagen, Ph.D.
Commissioner
Iowa Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

Susan Reagen, M.S.W.
Clinical Social Worker
Broadlawn's Medical Center
18th and Hickman Road
Des Moines, IA 50314

Rev. Wayne Ressler, Principal
Newman High School
Highway 106 West
Mason City, IA 50401

Ann Rhodes
University of Iowa
Hospitals & Clinics
Iowa City, IA 52240

Beverly Richardson, Coordinator
State Patrol Crime Prevention
Center
Department of Public Safety
Wallace State Office Bldg.
Des Moines, IA 50319

Kathy Richardson, P.N.P.
1314 Crawford
Carroll, IA 51401

Heidi Riepe
PAL
306 E. Washington
Mt. Pleasant, IA 52641

Michael Riepe
Henry County Attorney
Henry County Court House
Mt. Pleasant, IA 52641

Herb Rigg, Vice President
Iowa Public Service
401 Douglas
Sioux City, IA 51101

William Rodgers
Executive Director
Community Health Care
428 Western Avenue
Davenport, IA 52801

Kay Rosene, Executive Director
Greater DM Child Abuse & Neglect
Council
Box 1556
Des Moines, IA 50306

Andy Ross, Ph.D.
Executive Director
Christian Home Association
P.O. Box 98
Council Bluffs, IA 51501

Don Rowen, Exec. Vice President
Iowa Federation of Labor
AFL-CIO
2000 Walker, Suite A
Des Moines, IA 50317

Jackie Runyon, D.Sc.
Associate Professor
Food & Nutrition Department
Iowa State University
Ames, IA 50011

Marilyn Russell, R.N.
Polk County Public Health
Nursing Association
602 E. 1st Street
Des Moines, IA 50309

Tom Ruxlow, Director
Iowa Division of Criminal
Investigation
Wallace State Office Bldg.
Des Moines, IA 50319

Norma Ryan, Deputy
Iowa Dept. of Human Services
Bureau of Collections
Hoover State Office Bldg.
Des Moines, IA 50319

Pamela Sadler
Drake University Student
529 14th Street
West Des Moines, IA 50265

Lynelle Sanders
Manager, Field Services Bureau
Dept. of Public Safety
Wallace State Office Bldg.
Des Moines, IA 50319

Laura Sands, Director
Women, Infants & Children
Program
Iowa Department of Health
Lucas State Office Bldg.
Des Moines, IA 50319

BEST COPY AVAILABLE

Larry Scales, Exec. Director
Iowa Children & Family Services
1100 Walnut Street
Des Moines, IA 50309

Suzanne Schenken
2976 NW 132nd
West Des Moines, IA 50265

Mary Ann Schmidt
Dean of Students
Ames Senior High School
Ames, IA 50010

Dale L. Schmitz
District Administrator
Mason City District
Iowa Dept. of Human Services
Mohawk Square
22 North Georgia Avenue
Mason City, IA 50401

Joseph Schneider
Drake University
Des Moines, IA 50311

Vicki Schnetter
Department of Public Instruction
Grimes State Office Bldg.
Des Moines, IA 50319

Lynn Schoenmann
Belle Plaine Police Department
Belle Plaine, IA 52208

David P. Schor
Assistant Professor
Pediatrics
The University of Iowa
124C Hospital School
Iowa City, IA 52242

Ralph Schulte
Arrowhead Area Education Agency
P.O. Box 1399
1235 Fifth Avenue South
Fort Dodge, IA 50501

Ruth Schwartz
Director, Special Experimental &
Youth Programs
Drake University
2700 Univ sity
Des Moines, IA 50312

Bill Scollon
KETV
27th & Douglas
Omaha, NE 68131

Sandra Scott
Deputy Commissioner
Iowa Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

Theodore D. Scurletis, M.D.
Maternal/Child Health Medical
Consultant
Iowa Department of Health
Lucas State Office Bldg.
Des Moines, IA 50319

Florence Catherine Seda
Route 1, Box 114
Traer, IA 50675

Laurisa Sellers
4305 Sheridan
Des Moines, IA 50310

Bob Shand
Route 4, Box 22
Harlan, IA 51537

Gary Sheldon
Hubbell Elementary
800 42nd Street
Des Moines, IA 50312

Howard Shelton
Des Moines Public Schools
1800 Grand
Des Moines, IA 50307

Gene W. Shepard
Commissioner
Department of Public Safety
Wallace Building
Des Moines, IA 50319

Anna Shoemaker
St. Lukes Hospital
1026 A Avenue NE
Cedar Rapids, IA 52402

Sandra Shnuman

Jan Shogren
412 Shops Building
Des Moines, IA 50309

Mr. Rudy Sims
1041 Eighth
Des Moines, IA 50314

Abigail Sivan, Ph.D.
Child Development Clinic
University Hospitals and Clinics
University of Iowa
Iowa City, IA 52242

Jan Skiles
6986 Trail Ridge Drive
Johnston, IA 50131

Libby Gotschall Slappey
C.R. Jr. League
1220 1st Avenue NE
Cedar Rapids, IA 52402

Bonnie Smalley
c/o Governor's Office
State Capitol
Des Moines, IA 50319

Bev Smith
Child Health Coordinator
Community Opportunities
603 West Eighth Street
Carroll, IA 51401

Carl Smith
Consultant for Behavioral Disorders
Iowa Department of Public Instruction
Grimes State Office Building
Des Moines, IA 50319

Louis E. Smith, Ed.D.
Child Nutrition
Dept. of Public Instruction
Grimes State Office Bldg.
Des Moines, IA 50319

Gerald Solomons, M.D.
Child Development Clinic
University Hospitals and Clinics
University of Iowa
Iowa City, IA 52242

Ida Martin Sorensen
Jr. League - C.R.
1220 1st Avenue NE
Cedar Rapids, IA 52402

Dan Sparks
District Administrator
Council Bluffs District
Iowa Dept. of Human Services
12 Scott Street
P.O. Box 229
Council Bluffs, IA 51502

Michael Spicer, Director
Our Primary Purpose
Iowa Lutheran Hospital
Des Moines, IA 50317

David Spreadbury, Ph.D.
Department of Nutrition
University of Osteopathic
Medicine and Health Sciences
3200 Grand
Des Moines, IA 50312

Paul Stanfield, Coordinator
Iowa Interchurch Governmental
Concerns Commission
317 E. 5th
Des Moines, IA 50309

Rev. Kate Stangal
321 S. 4th
Albia, IA 52531

John P. Stark, Sheriff
Story County
Nevada, IA 50201

Ron Stehl, Chief
Iowa Dept. of Human Services
Bureau of Adult, Children &
Family Services
Hoover State Office Bldg.
Des Moines, IA 50319

Florence Steinberger
Food Law Advocate
Legal Services Corporation
of Iowa
400 Paramount Building
Cedar Rapids, IA 52401

BEST COPY AVAILABLE

Alvera Stern, Ed.D.
Prevention Manager
Dept. of Substance Abuse
Suite 202, Insurance Exchange Bldg.
505 Fifth Avenue
Des Moines, IA 50319

Greg Stibal
National Bank of Waterloo
100 East Park Avenue
Waterloo, IA 50703

Nancy Stillians
Iowa Arts Council
Executive Hills East
1223 E. Court
Des Moines, IA 50319

Lloyd Stjernberg
Professor-Education/Coordinator
Curriculum & Instruction
Center for Teachers Education
Drake University
25th and University Avenue
Des Moines, IA 50311

Dahlia Stockdale
Department of Child Development
Iowa State University
Ames, IA 50011

Alice Strain
Clinton County Council for
Prevention of Child Abuse
c/o Women's Resource Center
317 7th Avenue South
Clinton, IA 52732

Herbert Strentz, Dean
Drake University
College of Journalism and
Mass Communication
25th and University Avenue
Des Moines, IA 50311

Lorrie Streyffeler
DMEA
Lincoln High School
2600 SW 9th
Des Moines, IA 50315

Deborah Strigenz
Drake University
Law School
25th & University Ave.
Des Moines, IA 50311

Professor Clare Struck
Teaching
University of Northern Iowa
Cedar Falls, IA 50614

Ted Stuart
General Manager
Heritage Cablevision
2205 Ingersoll Avenue
Des Moines, IA 50312

John Suter, Exec. Director
Area Substance Abuse Council
400 Third Avenue, SE
Cedar Rapids, IA 52401

Charles Sweeney
Inspector General
Iowa Dept. of Human Services
Hoover State Office Bldg.
Des Moines, IA 50319

Bridget Sweet
Des Moines Public Schools
1800 Grand
Des Moines, IA 50312

John Tapscott, Exec. Director
National Council on Alcoholism
706 Fleming Building
Des Moines, IA 50309

Loretta Tarbox
1008 3rd Avenue South
Fort Dodge, IA 50501

Alison Tarleau, Planning Staff
United Way of Central Iowa
700 6th Avenue
Des Moines, IA 50309

Sue Tempero
Employee Relations Director
Des Moines Register
P.O. Box 957
Des Moines, IA 50304

Harold Templeman
Deputy Director
Iowa Dept. of Human Services
Mental Health, Mental Retardation
& Developmental Disabilities
Hoover State Office Bldg.
Des Moines, IA 50319

Karen Thelin
Methodist Hill Child Care
1001 Pleasant
Des Moines, IA 50309

Ann Thompson, Director
Commission for Children, Youth &
Families
523 E. 12th Street
Des Moines, IA 50319

Eleanor Thompson
Child Life Specialist
4104 Mary Lynn Drive
Urbandale, IA 50322

David Thornton, M.D.
IMMC
1200 Pleasant Street
Des Moines, IA 50309

Madelene Townsend
DHS Council
2129 Fairhaven Road
Davenport, IA 52803

Maureen Tiffany, Intern
United Way of Central Iowa
700 6th Avenue
Des Moines, IA 50309

Gordon Tjelmeland, Manager
Community Relations
John Deere Component Works
P.O. Box 270
Waterloo, IA 50704

Representative Janice Torrence
R.R. #1, Box 110
Atalissa, IA 52720

Pam Triolo, R.N.
University Hospital
University of Iowa
Iowa City, IA 52242

Michael Turney, Director
Iowa Dept. of Human Services
Office of Communications
Hoover State Office Bldg.
Des Moines, IA 50319

Dale Uehling
229 E. 2nd
Ottumwa, IA 52501

Frank Vance, Director
Special Education Division
Department of Public
Instruction
Grimes State Office Building
Des Moines, IA 50319

Paul Vance
Professor of Education
Drake University
25th and University Avenue
Des Moines, IA 50311

Susan Varhely
Drake University
25th & University Avenue
Des Moines, IA 50311

Betty Lou Varnum
Public Affairs Coordinator
WOI-TV
Communications Building
Ames, IA 50011

David Veeder
Professor of Foreign Languages
Drake University
25th & University Avenue
Des Moines, IA 50311

Margaret Vernon
401 West Ashland
Indianola, IA 50125

Sheri Vohs, Coordinator of
Policy Development
Blue Cross/Blue Shield of Iowa
636 Grand Avenue
Des Moines, IA 50307

Paul VonEbers
Blue Cross/Blue Shield of Iowa
636 Grand Avenue
Des Moines, IA 50307

Sandy Wagner
Adams PTA
2809 E. Aurora
Des Moines, IA 50317

Mark Weston
2314 - 46th Street
Des Moines, IA 50310

BEST COPY AVAILABLE

Denise Wheeler
117 South Kline Street
Ankeny, IA 50021

David White
Iowa Criminal & Juvenile
Justice Planning Agency
Lucas State Office Bldg.
Des Moines, IA 50319

Donna White
3701 Terrace Hill Drive NE
Cedar Rapids, IA 52402

Jack White
Associate Executive Director
United Way of Central Iowa
700 6th Avenue
Des Moines, IA 50309

Keith Whitlatch
Cedar County Sheriff
Courthouse
Tipton, IA 52772

Pat Wieck
2410 Ashworth Road
West Des Moines, IA 50265

Lee Williams
Intake Officer
Polk County Juvenile Court
120 - 3rd Street
Des Moines, IA 50309

Judy Williamson
5822 Waterbury Circle
Des Moines, IA 50312

Martha Willits
412 38th Place
Des Moines, IA 50312

Earl Willits
Deputy Attorney General
Hoover State Office Bldg.
Des Moines, IA 50319

Marie Wilson
Des Moines City Council & Iowa
Bankers Association
5308 Grand Avenue
Des Moines, IA 50312

George P. (Pick) Wilson
Blue Cross/Blue Shield of Iowa
636 Grand Avenue
Des Moines, IA 50307

Roxann Winch
Drake University
25th & University Avenue
Des Moines, IA 50311

Jane Wittenwyler
6030 North Waterbury Road
Des Moines, IA 50312

David Wright, Consultant
Substance Abuse Prevention
Education
Department of Public
Instruction
Grimes State Office Building
Des Moines, IA 50319

Jeanette Wright
Assistant Professor/
Director Art Therapy
Drake University
25th and University Avenue
Des Moines, IA 50311

Marie Wright
Personnel Director
Equitable Life of Iowa
P.O. Box 1635
Des Moines, IA 50306

H. Edward Yelick
Asst. Vice Pres., Public Affairs
Northwestern Bell
909 High
Des Moines, IA 50309

Professor Marc Yoder
Teaching
University of Northern Iowa
Cedar Falls, IA 50614

Twila Young
Youth & Shelter Services
217 Eighth Street
Ames, IA 50010

Kay Zike
Kay's Preschool & Emergency
Food Pantry
1424 Otley
Perry, IA 50220

Ken Zimmerman, Director
Mental Health Center of North
Iowa, Inc.
235 South Eisenhower
Mason City, IA 50401

Janet Zwick, Deputy Director
Iowa Department of Substance
Abuse
Suite 202, 505 Fifth Avenue
Des Moines, IA 50319

BEST COPY AVAILABLE

Underwriters

Clarke College
Des Moines Register
Drake University
Heritage Cablevision
Hubbell Realty
Hy-Vee Food Stores
Junior League of Des Moines
Kirke Van Orsdel Insurance
Meredith Corporation
Pioneer Hi-Bred International
United Way of Central Iowa

Sponsors

Blue Cross and Blue Shield of Iowa
Commission on Children, Youth & Families
Commission on the Status of Women
Des Moines City Council
Des Moines Register
Drake Unversity
Governor's Office
Iowa Board of Regents
Iowa Chapter, National Council for Prevention of Child Abuse
Iowa Commission for the Blind
Iowa Criminal & Juvenile Justice Agency
Iowa Department of Health
Iowa Department of Human Services
Iowa Department of Public Instruction
Iowa Department of Public Safety
Iowa Department of Substance Abuse
Iowa Department of Transportation
Iowa Interchurch Governmental Concerns Commission
Iowa Nurses Association
Iowa Parent Teachers Association
Junior League of Des Moines
Meredith Corporation
Pioneer Hi-Bred International
United Way of Central Iowa
Youth Law Center

BEST COPY AVAILABLE

Governor's Conference on

Children in Jeopardy

Steering Committee

Committee Coordinators
Jim Hennessey & Babs Jackson
Department of Human Services

Nola Aalberts
Department of Health

Candee Bakke
Department of Transportation

Robert Barak
Board of Regents

Mary Barakat
Des Moines Junior League

Tim Barber-Lindstrom
Department of Human Services

Margaret Borgen
Iowa Parent Teachers Association

Carol Bradley
Department of Public Instruction

Mollie Clause
Des Moines Junior League

Tony Cobb
Commission for the Blind

LuJean Cole
Pioneer Hi-Bred International

Mary Ellis
Department of Substance Abuse

Sue Follon
Commission on Status of Women

James Gannon
Des Moines Register

Rick Gleason
Youth Law Center

Almo Hawkins
Governor's Office

Chris Ill
Department of Human Services

Larry Jackson
Department of Human Services

Barbara Mack
Des Moines Register

Paul Magelli
Drake University

Helen McDonald
Youth Law Center

Ken McDougall
Meredith Corporation

John Miksich
Des Moines Register

Kay Myers
Iowa Nurses Association

Norm Ostbloom
Iowa Chapter,
National Council for
Prevention of Child Abuse

Chuck Palmer
Department of Human Services

Dick Ramsey
Criminal and Juvenile Justice Agency

Tom Ruxlow
Department of Public Safety

Ruth Schwartz
Drake University

Carl Smith
Department of Public Instruction

Paul Stanfield
Iowa Interchurch
Governmental Concerns Commission

Ron Stehl
Department of Human Services

Sue Tempero
Des Moines Register

Ann Thompson
Commission on Children,
Youth and Families

Michael Turney
Department of Human Services

Sheri Vohs
Blue Cross and Blue Shield of Iowa

Kent Westmaas
Department of Human Services

Jack White
United Way of Central Iowa

Marie Wilson
Des Moines City Council